

CITY OF SALFORD  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
1968

~~Huston~~ B.415  
~~Morley Parry~~ A.421  
~~Perry~~ A.405







City of Salford

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

**1968**

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

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MEMBERS OF THE HEALTH COMMITTEE  
at 31st December 1968

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His Worship the Mayor, Alderman S. C. Hamburger, C.B.E., J.P.

*Chairman :*  
Councillor ALAN ASHCROFT

*Deputy Chairman :*  
Councillor BERNARD NOLAN

*Alderman*  
MARGARET C. WHITEHEAD (Miss)

*Councillors*  
A. BOWIE  
W. EDDES  
A. W. EVANS (Mrs.)  
S. M. HARRIS (Mrs.)  
J. W. HINCKS  
W. JOHNSON  
A. PLANT  
R. STONES (Mrs.)  
I. ZOTT

## STAFF

at 31st December, 1968

MEDICAL OFFICER OF HEALTH: J. L. BURN, M.D., D.Hy., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH  
CHILD HEALTH OFFICERD. W. PRESTON, M.B., Ch.B., D.P.H.  
MARY S. GILBODY, M.B., B.Ch., B.A.O.,  
D.P.H.SENIOR ASSISTANT MEDICAL OFFICER  
(MENTAL HEALTH)  
ASSISTANT MEDICAL OFFICERST. FRYERS, M.B., Ch.B., D.R.C.O.G., D.P.H.  
ANNE E. MYERS, M.B., Ch.B.  
K. M. PEARCE, M.B., Ch.B., D.C.H., D.M.S.A.PART-TIME ASSISTANT MEDICAL  
OFFICERSELIZABETH HIGHAM, M.B., Ch.B.  
A. BROWN, M.B., Ch.B., D.Obst.R.C.O.G.  
ELIZABETH M. SUMMERS, M.B., Ch.B.,  
D.Obst.R.C.O.G.

PART-TIME CONSULTANT STAFF

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\*H. L. FREEMAN, M.A., M.B., B.Ch., D.P.M.  
\*M. J. TARSH, M.A., M.D., D.P.M.  
\*W. LEE, M.B., Ch.B.PUBLIC ANALYST  
CHIEF ADMINISTRATIVE OFFICER  
CHIEF PUBLIC HEALTH INSPECTORG. S. MEADOWS, M.Chem.A., M.Ph.A., F.R.I.C.  
H. MILLINGTON, B.A.(Admin.), A.I.S.W.  
H. F. ROBINSON, F.R.S.H., F.A.P.H.I.,  
C.S.I.B.DEPUTY CHIEF PUBLIC HEALTH  
INSPECTORJ. N. MARSHALL, M.R.S.H., M.A.P.H.I.,  
C.S.I.B.SENIOR ADMINISTRATIVE OFFICER  
CHIEF MENTAL WELFARE OFFICER  
CHIEF NURSING OFFICERD. MARSHALL  
G. H. MOUNTNEY, Dip.Soc.Studies, A.A.P.S.W.  
Miss D. LAMB, S.R.N., R.F.N., S.C.M.,  
H.V.Cert.PRINCIPAL NURSING OFFICER  
(HEALTH VISITING)Miss D. DUCKENFIELD, S.R.N., S.C.M.,  
H.V.Cert.ASSISTANT PRINCIPAL NURSING OFFICER  
(HEALTH VISITING)Miss E. DONEGAN, S.R.N., B.T.A.Cert.,  
Part I Cert. C.M.B., H.V.Cert.PRINCIPAL NURSING OFFICER  
(MIDWIFERY)Miss V. E. LANGRIDGE, S.R.N., S.C.M., R.F.N.,  
M.T.D.ASSISTANT PRINCIPAL NURSING OFFICER  
(MIDWIFERY)Miss M. E. HODGSON, S.R.N., S.C.M., R.F.N.,  
M.T.D.PRINCIPAL NURSING OFFICER  
(HOME NURSING)

Miss J. MARSDEN, S.R.N., S.C.M., Q.N., D.N.T.

ASSISTANT PRINCIPAL NURSING OFFICER  
(HOME NURSING)

Miss B. E. EGAN, S.R.N., Q.N.

PRINCIPAL NURSING OFFICER  
(HOME HELP AND DAY NURSERIES)Miss K. ROEBUCK, S.R.N., R.F.N., S.C.M.,  
H.V.Cert.DEPUTY CHIEF MENTAL WELFARE  
OFFICERW. M. DOUGLAS, M.A., Dip.Soc.Admin.,  
A.A.P.S.W.

\* By arrangement with the Manchester Regional Hospital Board

STAFF (*continued*)

SENIOR SOCIAL WORKER  
 TRAINING CENTRE ORGANISER  
 SUPERINTENDENT PHYSIOTHERAPIST  
 CHIEF CHIROPODIST  
 ASSISTANT CHIEF PUBLIC HEALTH  
 INSPECTORS

PUBLIC HEALTH INSPECTORS WITH  
 SPECIAL RESPONSIBILITIES

SENIOR ADMINISTRATIVE ASSISTANT  
 ADMINISTRATIVE ASSISTANTS

SENIOR CLERKS

AMBULANCE OFFICER  
 MANAGER OF SALFORD HOUSE  
 GROUP ADVISERS (HEALTH VISITING)

CENTRE SUPERINTENDENT  
 (HEALTH VISITING)

HEALTH VISITORS WITH SPECIAL  
 RESPONSIBILITIES

Miss J. DANSON, Dip. Soc. Studies  
 G. G. HANCOCK, N.A.M.H. Teaching Diploma  
 Miss P. K. FOGG, M.C.S.P.  
 B. D. BLANK, H.Ch.D., L.Ch., M.Ch.S., S.R.Ch.

H. L. LATHAM, M.A.P.H.I., C.S.I.B.,  
 W. E. POLLITT, M.A.P.H.I., C.S.I.B.

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 G. FOULDS, M.A.P.H.I., C.S.I.B.  
 J. CHURCH, M.A.P.H.I., C.S.I.B.  
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 K. WOOD, M.A.P.H.I., C.S.I.B., A.C.C.S.  
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 L. F. HARPER, A.R.S.H.

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T. W. TURNER

T. O'ROURKE

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G. A. KELLY

H. DOWN, F.I.A.O.

C. H. PETERSON

Mrs. E. F. JONES, S.R.N., S.C.M., N.N.E.B.  
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Miss P. ANDERSON, S.R.N., S.C.M.,  
 B.T.A.Cert., H.V.Cert.

Miss A. B. HUTCHINSON, S.R.N., S.C.M.,  
 Dip. Trop. Nursing, H.V.Cert.

Miss K. LOCKE, R.S.C.N., Part I Cert. C.M.B.,  
 H.V.Cert.

Mrs. I. HOBBS, S.R.N., Part I Cert. C.M.B.,  
 H.V.Cert.



## INTRODUCTION

*"The City's Health is the City's Wealth"*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In presenting the Annual Report for 1968 I wish, at the onset, to pay tribute to the work of the staff whose work is described herein. Sometimes their loyal service was beyond the call of ordinary duty – examples of this include participation in special investigations, the development of services along new lines, the help gladly given in the anti-addiction clinics. All of these activities were devoted to one aim – the better health of the people.

### VITAL STATISTICS

There were over 800 more births than deaths. (2,730 births and 1,922 deaths). The infant mortality rate was 26. Of the 70 infant deaths 25 occurred in premature babies, 12 had congenital malformations – most of which were incompatible with life. One violent death was from manslaughter. Three babies died from gastro-enteritis – which previously has been a terrible concern to us. A very serious challenge is the continuing high number of deaths (20 in all of babies) from respiratory disease. This calls for close teamwork between the parents, the family doctor, the whole public health team and the specialist services. Of these infant deaths, twice as many boy babies – the weaker sex evidently – died compared with the girl babies. Under four weeks of life, the sex ratio was three times more boys than girls. Of the eleven deaths in children age 1 to 5 years, four were due to congenital malformations, two tragically were 2 year old children who were drowned; one died from congenital heart disease and one from cancer.

### THE DISEASES OF BEHAVIOUR

A great feature of our work has been the all-out attack on over-smoking, over eating of the wrong foods, and alcoholism.

On smoking the fight has been – not so much against lung cancer, though the 100+ deaths are both sad and bad enough – but against chronic bronchitis and the debility discontent and disability it brings in its wretched train. It is a giant evil, made worse by the urban air pollution, but the chief villain is the cigarette. Salford's first anti-smoking clinic started in 1957 – at first held intermittently; four weekly sessions followed by a break, and then continuously since 1962 – the publication of the Royal College of Physicians Report. Every Monday evening, with the sole exception of bank holidays, an anti-smoking clinic was held. Over 2,300 attended; it is sad to note that one third of them came once only. Perhaps they were disappointed that they were not given a "wonder drug" that would cure them at once without effort on their part. (It is curious that a similar proportion of those attending the much more popular Slimming Clinic came once only). Nevertheless over 300 people stopped smoking completely whilst another 500 stated they had



reduced their smoking significantly (from say 30 a day to under 10) for at least six months. These results may seem poor in view of the time and effort put into our endeavours, but I for one, do not regret the fight against a giant evil.

A much more measurable and spectacular success was the Slimming Clinic, where many hundred weights of unwanted avoirdupois were lost. The weighing scales told their own tale, and they did not cheat. Just yesterday, a lady rang up that she had kept her weight down for many months to just over ten stone; when she came to the clinic two years ago she was over 18 stone and she now felt new health and vitality. Of greater significance to health are the many hundreds who lost two or three stones and have remained well on a slimming diet which is full of vital healthy foods as well. The techniques used in these clinics will be fully described elsewhere.

Facilities were also made available for an Alcoholics Anonymous group which did wonderful work over the years.

Further in the sphere of preventive medicine was the work carried out by the Public Health Nursing Service in the sphere of *immunisation*. For over 25 years this service has protected tens of thousand of Salford children from polio, diphtheria, whooping cough and tetanus. For many years, when it was thought elsewhere that only doctors should give injections, Salford clinic nurses have given half a million injections and I have never had cause to regret this policy.

Very high percentages of success have been achieved by health visitors in many spheres of their work, not least in the field of the "happy family survey" where blood tests for "inborn errors of metabolism" which may cause mental and physical abnormalities reached an acceptance rate of 95% to 98%.

The imaginative use of auxiliary staff (clinic nurses, nursing auxiliaries, bathing attendants and other staff) has been a feature of our work and has thus used the precious skills of more highly trained staff for work which only they can do. The *home nursing staff* among other excellent features of their work carried out cervical cytology tests following the example of Derby. The *home help* services have brought help to the elderly and the physically handicapped. The special *physiotherapy* and *chiropody* services have fulfilled their important role particularly in this field.

## MENTAL HEALTH

A register—perhaps the most complete in the country—was established mainly by Dr. Susser who held an important joint appointment between Salford and Manchester University. This enables important studies—past, present and future—to be of great value to Salford, and beyond.

Attention was paid throughout the year to the many factors which influence mental health and human behaviour. We have continued with the blood test for inborn errors of metabolism which could have an effect in a proportion of cases, however small. The medical and public health nursing staff have tried to help in various forms of "crisis" which occur in the

family, e.g. when a spouse dies, in order to bring comfort, healing and adjustment of life; similarly, in problems of maternal and child health and with the aged, all receive positive attention—anticipatory guidance is kept in mind, in the adolescent and in the ageing. For secondary prevention—thanks to close co-operation of consultants, hospital and domiciliary services, we have been able to shorten the length of time the patient, in or out of hospital, who suffers from mental disorders. By co-operation with the family doctor, we have seen that the timely and effective treatment has been given.

For those who have been afflicted with mental disorder, it is a question of support and limitation of the disability of the patient in a hundred different ways. As far as possible, active rehabilitation is encouraged and remarkable results have been achieved in getting middle-aged patients back to some form of paid work. "Money talks"—and talks sense; even severely sub-normal men have been found remunerative occupation. This has had many good results—it has not only made a difference to the family finances but has given the patient a pride in knowing that he is of real value to his family and himself. Policy has been not only to get those disabled from mental disorder into Training Centres towards active work, but to get out into normal industry with remarkably happy results.

The all-important environmental services particularly in the field of clean air, safe water, food and milk, housing and pest control are so varied and valuable that the appropriate section should be studied in detail.

I should like to pay warm tribute to my chief officer colleagues. I can sincerely say that we have all tried to co-operate, sometimes in most difficult problems.

It has also been very happy and easy to co-operate with Mr. William Jones, Clerk of the Salford Executive Council and Mr. J. B. Duckworth, Secretary of the Hospital Management Committee. Countless projects of mutual interest have been discussed and help has been given to each other in many ways.

Voluntary workers in this and in previous years have given wonderful help freely, gladly and expertly. The League of Jewish Women have been particularly helpful in many ways whilst the Women's Voluntary Services have continued their selfless devotion to the well-being of the less fortunate citizens in need. Many voluntary organisations such as the Family Planning Association, Family Service Unit, Marriage Guidance Council, the National Society for Prevention of Cruelty to Children, the Citizen's Advice Bureau have given, and I am proud to say, have received whole-hearted help and co-operation.

Lastly but far from least I would like to record my deep debt of gratitude to all the medical, nursing and administrative staffs who have worked so hard and splendidly in performance of their work, paid and unpaid. Their help, together with that of Chairmen and Members of the Health Committees will be for me a wonderful and unforgettable memory.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J.L. Burn

*Medical Officer of Health.*

HEALTH DEPARTMENT,  
CRÉSCENT,  
SALFORD, M5 4PH.

Telephone : 061-736 5891



## STATISTICAL SUMMARY – 1968

(Based upon figures supplied by Registrar-General)

Area – The City of Salford has a total area of 5,202 acres.

Population – (Registrar-General's Estimate at Mid-year 1968) 139,830

„ – (Census, 1961) 155,090

Density – The Mean Density of the City is equal to 26.89 persons per acre.

Live Births – Legitimate : 1,185 Males 1,097 Females 2,282

„ „ – Illegitimate 228 Males 220 Females 448

Total 2,730

Live birth rate per 1,000 population 19.5

Still-births: 23 Males 31 Females 54

Still-birth rate per 1,000 live and still-births 19.0

Total live and still-births 2,784

Infant Deaths (deaths under 1 year) Legitimate 60, Illegitimate 10 70

Infant mortality rate per 1,000 live births – Total 25.64

„ „ „ „ „ „ „ – Legitimate 26.29

„ „ „ „ „ „ „ – Illegitimate 22.32

Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) 16.1

Early Neo-Natal mortality rate (deaths under 1 week per 1,000 total live births) 14.28

Illegitimate live births per cent of total live births 13.90

Perinatal mortality rate (still-births plus deaths under one week per 1,000 total births)

Still-births 54 } Total 93 34.3  
Deaths under one week 39 }

Maternal deaths (including abortion) 1

Maternal mortality rate per 1,000 live and still-births 0.37

Deaths: 966 Males 956 Females 1,922

Annual rate of mortality per 1,000 of the population 13.7

TABLE I

SHOWING THE BIRTHS IN THE CITY OF SALFORD. DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1948 TO 1968

Years.	Births.			Percentage of Illegitimate Births to Total Births	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1948	3761	3570	191	5.1	157	147	10	42	41	52
1949	3628	3387	241	6.6	193	181	12	53	53	50
1950	3354	3123	231	6.9	144	128	16	43	41	69
1951	3091	2881	210	6.8	107	103	4	35	36	19
1952	3100	2913	187	6.0	107	89	18	35	31	96
1953	2964	2794	170	5.7	95	83	12	32	30	71
1954	2867	2692	175	6.1	87	79	8	30	30	46
1955	2700	2544	156	5.8	81	75	6	30	29	32
1956	2826	2682	144	5.1	83	80	3	29	30	21
1957	3026	2851	175	5.8	88	84	4	29	29	23
1958	2930	2738	192	6.5	84	78	6	29	28	31
1959	2959	2789	170	5.7	71	67	4	24	24	24
1960	2991	2752	239	8.0	80	73	7	27	27	29
1961	3018	2769	249	8.3	85	79	6	28	29	24
1962	3199	2911	288	9.0	93	85	8	29	29	28
1963	3154	2832	322	10.21	98	95	3	31	34	9
1964	3053	2703	350	11.46	93	78	15	30	29	43
1965	3054	2701	353	11.56	80	71	9	26	26	25
1966	2749	2416	333	12.11	88	82	6	32	34	18
1967	2819	2430	389	13.85	66	53	13	23	22	33
1968	2730	2282	448	13.90	70	60	10	26	25	22



TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES, TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1948 TO 1968

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births.
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1948	178,100	21.12	11.81	0.78	2.16	2.44	1.14	0.48	41.74
1949	178,900	20.28	13.06	0.63	2.00	3.13	1.45	0.71	53.20
1950	177,700	18.87	12.87	0.50	2.31	3.51	1.30	0.46	42.93
1951	176,800	17.48	14.12	0.46	2.15	4.04	1.78	0.50	34.62
1952	176,400	15.57	12.19	0.35	2.12	3.35	1.33	0.59	34.52
Average 5 years		18.66	12.81	0.54	2.15	3.29	1.40	0.55	41.40
1953	173,900	17.05	12.36	0.29	2.24	3.24	1.59	0.74	32.05
1954	171,500	16.72	11.98	0.23	2.39	3.44	1.19	0.56	30.35
1955	169,300	15.95	12.30	0.22	2.08	3.46	1.33	0.78	30.00
1956	167,400	16.88	12.34	0.20	2.43	3.48	1.46	0.78	29.37
1957	165,300	18.31	12.97	0.19	2.44	3.75	1.37	0.79	28.75
Average 5 years		16.98	12.39	0.23	2.32	3.47	1.39	0.73	30.10
1958	163,600	17.91	13.20	0.12	2.20	3.70	1.56	0.84	28.67
1959	162,000	18.27	13.01	0.19	2.43	3.78	1.31	0.78	23.99
1960	161,170	18.56	12.67	0.13	2.44	3.60	1.21	0.62	26.75
1961	154,910	19.45	13.96	0.14	2.39	3.74	1.56	0.84	28.16
1962	154,000	20.77	14.90	0.08	2.42	4.23	1.67	0.91	29.07
Average 5 years		18.99	13.55	0.13	2.37	3.81	1.46	0.79	27.33
1963	152,570	20.67	13.29	0.06	2.41	3.38	1.42	1.15	31.07
1964	150,350	20.31	12.26	0.07	2.38	3.51	1.17	0.71	30.46
1965	148,260	20.60	12.97	0.05	2.58	3.84	1.19	0.78	26.20
1966	145,880	18.84	13.93	0.07	2.76	3.75	1.38	0.87	32.01
1967	143,430	19.65	12.95	0.06	2.85	3.41	1.17	1.03	23.41
Average 5 years		20.01	13.08	0.06	2.60	3.58	1.27	0.91	28.63
1968	139,830	19.5	13.73	0.07	2.08	4.02	1.1	1.01	25.64

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1933-1968 AND THE RATES PER 100,000 OF THE POPULATION

(a) Number of Deaths

(b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1933	200	92.2	339	156.2	591	272.4	269	124.0	248	116.0	3009	1386.6
1934	133	62.2	400	187.1	637	297.9	243	113.6	201	94.0	2932	1371.1
1935	131	62.4	348	165.7	656	312.4	236	112.4	190	90.5	2734	1301.9
1936	154	74.8	352	170.9	729	353.9	249	120.9	207	100.5	2893	1404.4
1937	141	69.9	390	193.3	779	386.0	245	121.4	178	88.2	2943	1458.4
1938	86	43.1	344	172.5	691	346.5	210	105.3	192	96.3	2611	1309.4
1939	92	46.8	366	186.2	838	426.2	201	102.2	187	95.1	2698	1372.3
1940	535	308.9	342	197.5	754	435.3	221	127.6	195	112.6	3224	1861.4
1941	333	208.5	276	172.8	559	350.0	211	132.1	173	108.3	2743	1717.4
1942	239	155.9	387	219.8	462	301.4	129	84.1	146	95.2	2223	1450.1
1943	330	215.7	345	225.5	445	290.8	147	96.1	148	96.7	2382	1556.9
1944	271	173.9	328	200.5	461	295.9	101	64.8	151	96.9	2271	1457.6
1945	416	264.5	313	199.0	472	300.1	126	80.1	146	92.8	2459	1563.3
1946	289	170.5	326	192.4	444	262.0	127	74.9	122	72.0	2266	1337.1
1947	288	165.5	351	201.6	488	280.3	122	70.1	131	75.3	2312	1328.2
1948	203	114.0	385	216.2	434	243.7	86	48.3	139	78.0	2103	1180.8
1949	260	145.3	358	200.1	560	313.0	127	71.0	113	63.2	2337	1306.3
1950	231	130.0	410	230.7	624	351.2	82	46.2	89	50.1	2288	1287.6
1951	314	177.6	392	221.7	715	404.4	89	50.3	82	46.4	2497	1412.3
1952	235	133.2	374	212.0	591	335.0	104	59.0	61	34.6	2151	1219.4
1953	277	159.3	390	224.3	563	323.7	129	74.2	50	28.8	2149	1235.8
1954	204	119.0	410	239.1	590	344.0	96	56.0	39	22.7	2055	1198.3
1955	226	133.5	352	207.9	585	345.5	132	78.0	38	22.4	2082	1229.8
1956	244	145.8	407	243.1	583	348.3	131	78.3	33	19.7	2065	1233.6
1957	226	136.7	404	244.4	620	375.1	131	79.3	31	18.8	2150	1300.7
1958	255	155.9	359	219.4	611	370.4	137	83.7	20	12.2	2159	1319.7
1959	212	130.9	394	243.2	612	377.8	127	78.4	31	19.1	2107	1300.6
1960	195	121.0	393	243.8	580	359.9	100	62.0	21	13.0	2042	1267.0
1961	242	156.2	370	238.8	579	373.8	130	83.9	21	13.5	2163	1396.0
1962	258	167.5	374	242.9	651	422.5	141	91.6	13	8.4	2294	1489.6
1963	216	141.6	367	240.5	516	338.2	176	115.3	10	6.5	2028	1329.2
1964	176	117.1	358	238.1	528	351.2	106	70.5	11	7.3	1844	1226.5
1965	176	118.7	383	258.3	569	383.8	116	78.2	7	4.7	1923	1297.0
1966	202	138.4	404	276.9	548	375.7	127	87.1	10	6.9	2032	1392.9
1967	168	117.1	409	285.2	489	340.9	148	103.2	8	5.6	1857	1294.7
1968	154	110.1	398	208.5	584	402.3	154	101.1	10	7.1	1922	1518.5

## CAUSES OF DEATH – Registrar General's Return of Deaths in the City of Salford during the year 1968

[illegible]



# CAUSES OF DEATH -- Registrar General's Return of Deaths in the City of Salford during the year 1968

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over
B46(4) Other Diseases of Nervous System etc.	M	8	—	—	1	—	—	1	3	1	1	1	1
B26 Chronic Rheumatic Heart Disease	F	5	—	1	—	—	—	—	—	—	1	1	1
B27 Hypertensive Disease	M	10	—	—	—	1	—	1	2	3	1	2	2
	F	6	—	—	—	—	—	—	4	—	—	—	2
B28 Ischaemic Heart Disease	M	11	—	—	—	—	—	—	2	2	1	1	6
	F	9	—	—	—	—	1	—	1	—	—	—	6
B29 Other Forms of Heart Disease	M	238	—	—	—	1	1	8	21	63	93	52	52
	F	226	—	—	—	—	—	1	11	31	70	113	113
B30 Cerebrovascular Disease	M	24	—	—	—	—	—	1	2	3	9	9	9
	F	58	—	—	—	1	—	1	1	4	10	41	41
B46(5) Other Diseases of Circulatory System	M	95	—	—	—	—	—	1	2	22	44	26	26
	F	139	—	—	—	—	—	1	2	17	36	83	83
B31 Influenza	M	23	—	—	—	—	—	1	1	3	10	8	8
	F	35	—	—	—	—	—	—	1	3	7	24	24
B32 Pneumonia	M	8	—	—	—	—	—	—	—	1	2	5	5
	F	12	—	—	—	—	—	1	—	1	—	10	10
B33(1) Bronchitis and Emphysema	M	66	2	4	—	—	—	1	2	3	29	24	24
	F	88	1	5	—	—	—	1	—	9	20	51	51
B33(2) Asthma	M	108	—	—	—	—	—	—	4	18	45	41	41
	F	46	—	—	—	—	—	—	2	6	20	18	18
B46(6) Other Diseases of Respiratory System	M	4	—	—	—	—	—	—	1	2	—	1	1
	F	3	—	—	—	—	—	1	1	1	—	—	—
B34 Peptic Ulcer	M	14	—	4	—	—	—	—	1	3	4	2	2
	F	10	—	—	—	—	—	2	—	1	1	5	5
B35 Appendicitis	M	8	—	—	—	—	—	1	—	3	1	3	3
B36 Intestinal Obstruction and Hernia	F	8	—	—	—	—	—	—	—	1	4	3	3
	F	1	—	—	—	—	—	—	—	—	—	1	1
	M	5	1	1	—	—	—	—	—	1	2	—	—
	F	5	—	—	—	—	—	—	—	—	3	—	—

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS														
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over						
B37 Cirrhosis of Liver	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(7) Other Diseases of Digestive System	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B38 Nephritis and Nephrosis	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B39 Hyperplasia of Prostate	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(8) Other Diseases, Genito-Urinary System	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B41 Other Complications of Pregnancy, etc.	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(9) Diseases of Skin, Subcutaneous Tissue	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(10) Diseases of Musculo-Skeletal System	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B42 Congenital Anomalies	M	14	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	7	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B43 Birth Injury, Difficult Labour, etc.	M	15	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality	M	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill-Defined Conditions	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE47 Motor Vehicle Accidents	M	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE48 All Other Accidents	M	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE49 Suicide and Self-Inflicted Injuries	M	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE50 All Other External Causes	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	M	966	34	15	8	7	9	4	22	82	230	325	230	247	230	473	230	473	230
	F	956	10	11	3	1	6	5	20	50	130	247	130	247	473	473	473	473	473



## ENVIRONMENTAL HYGIENE

### HOUSING – SLUM CLEARANCE

Once again this was a year of mixed achievement and disappointment in Salford's progress towards the clearance of her unfit housing. It was:—

- (a) A good year in that almost a thousand families from clearance areas and individually unfit houses were given a fresh start in new or better homes,
- (b) A good year in that almost three thousand unfit houses in 14 separate clearance areas in seven Compulsory Purchase Orders were confirmed by the Minister of Housing and Local Government with a commendably low proportion of modifications,
- (c) A disappointing year in that only 185 properties were included in clearance areas represented to the Council during the year.

1968 had been planned as a major effort in the representation of a further thousand unfit houses for acquisition for deferred demolition and much detailed inspection, classification and recording work was completed and verging on official representation, but growing opposition to this type of Order rendered it inadvisable to proceed to the final stage of representation.

The following table indicates the quarterly progress during the year in the removal of families from unfit houses and the demolition or closure of the properties.

Unfit Houses Demolished or Closed during 1968  
(including individually unfit houses)

Period	Dwellings	Persons	Families
1st Quarter 1968	297	785	286
2nd Quarter 1968	284	980	286
3rd Quarter 1968	269	661	270
4th Quarter 1968	126	381	126
TOTALS	976	2,807	968

The following Clearance Areas were finally represented to the Council during the year:—

## Clearance Areas Represented During 1968

Area	No. of dwellings	Type of Order (HA.57 Pt.III)
Clarendon 4 A/C Areas	35	Compulsory Purchase Order
Mary Street/James Henry Street Area	81	Compulsory Purchase Order
Oldfield Buildings	60	Clearance Order
Trinity Buildings	9	Clearance Order
<b>TOTAL PROPERTIES</b>	<b>185</b>	

The following table gives details of the Housing Orders confirmed by the Minister of Housing and Local Government during the year together with a note of the action initiated in respect of each Order.

Title of Order	Type	Properties	Action
Ordsall Hall North 1A/1B	Immediate Demolition	828	Entry : Rehousing in progress
Florence Street 1A/1B	do.	88	Entry : Rehousing planned in 1969
North George Street	do.	107	do.
Cavendish Street No. 1	do.	385	Entry and rehousing planned
Cavendish Street No. 2	do.	515	for 1969
Lower Broughton 2A/2E	Deferred Demolition	590	Entry : Selective closure, demolition, or patch
Lower Broughton 2F/2G	do.	407	maintenance in progress
<b>TOTAL</b>		<b>2,920</b>	

## General

As previously the housing section of the public health inspectorate were responsible for the preparation of evidence for public local inquiries, for the books of reference of Compulsory Purchase and Clearance Orders, for the approval of processing for individually unfit houses, for the removal of families from clearance areas and for the maintenance of minimum conditions and basic services for families in confirmed clearance areas awaiting rehousing.

## Property Inquiries and Mortgage Advance Schemes

It has long been recognised that a speedy and efficient service to provide inquirers with information on Council proposals in respect of properties which they wish either to purchase or sell is essential.

All information is given within 72 hours and frequently by return of



post; the service is free to private individuals and on payment of a small fee (5/-) to solicitors, estate agents or other similar interests.

Every effort is made to ensure the accuracy of the information supplied but it is always pointed out that changes in Council policy or new proposals may invalidate the information supplied.

Information is always given in writing and may only be given by a senior public health inspector.

Assessments are made, on request by the City Treasurer, in connection with the Council's mortgage advance scheme, on properties subject to applications. The number of assessments made showed a reduction over the previous year's total as a result of the reduction in moneys available for this purpose.

#### Conditions in Immediate Demolition Clearance Areas

The Council has always accepted a duty to maintain essential services, to carry out emergency repairs and to deal with dangerous conditions in Council controlled immediate demolition Clearance Areas after entry has become effective. As previously, a simple but speedy and effective method of dealing with these problems did much to alleviate distress and nuisance to families waiting rehousing.

A growing problem arose during the year, caused by the abandonment of unwanted furniture, fittings and household effects in vacated clearance areas. The problem was further complicated by the dumping of refuse in empty houses. The Chief Fire Officer expressed concern over the serious fire hazard being created and this concern was further re-inforced when work on an extensive fire in the roof spaces of several adjoining houses was seriously impeded by staircases blocked with unwanted furniture.

A system for the clearance of all unwanted furniture and household effects from vacated houses was introduced with the co-operation of the Cleansing Department in November and appears to be working well.

#### HOUSES IN MULTIPLE OCCUPATION

The complete control and systematic inspection of houses in multiple occupation has not been possible during the year under review, due to staffing problems.

It has been stated in previous reports that this type of work requires the supervision and control of an experienced Public Health Inspector. The many and varied types of properties in multiple occupation, with the wide cross-section of occupants and owners, make constant supervision necessary.

The conditions existing in houses in multiple occupation vary from house to house according to the standard originally provided, the type of person in occupation, their regard for other people's property and the conscience of the owner towards the well-being of his tenant and his desire to preserve his property.

There are many houses used in multiple occupation which are in very good condition. There are, however, those houses which whilst being of the required standard with regard to facilities etc. only touch the minimum standard and it is these houses which require very close supervision.

It was estimated at the end of 1967 that there were 814 houses used in multiple occupation in the City. It is quite certain that the number of houses of this type in the City can only be estimated due to change of use from multiple to single occupation by the owner to avoid the Regulations concerning multiple use, the closure of properties and the mushroom like growth of this type of accommodation.

It is anticipated with commencement of the new Housing Act which is now in its final stages in Parliament that a suitable scheme of registration can be formulated to assist the control of this type of property.

Visits have been made to houses in multiple occupation where complaints have been received concerning unsatisfactory conditions. Notices have been served to rectify these unsatisfactory conditions and it has not been necessary to have recourse to legal action for their improvement. Much work has been done informally by the use of letters to owners and while the situation appears to be under control it is still very necessary that these houses should be inspected systematically so that these defects and contraventions can be detected by the Department and thus obviate the necessity for a complaint by the tenants.

#### IMPROVEMENT GRANTS AND COMPULSORY IMPROVEMENT

Efforts were made during the year to maintain and further the impetus gained over the preceding 18 months both in respect of continued compulsory action under the provisions of the Housing Act, 1964, in Defined Compulsory Improvement Areas on representation by individual tenants, and encouragement to owner/occupiers and landlords to take advantage of the Improvement Grant provisions.

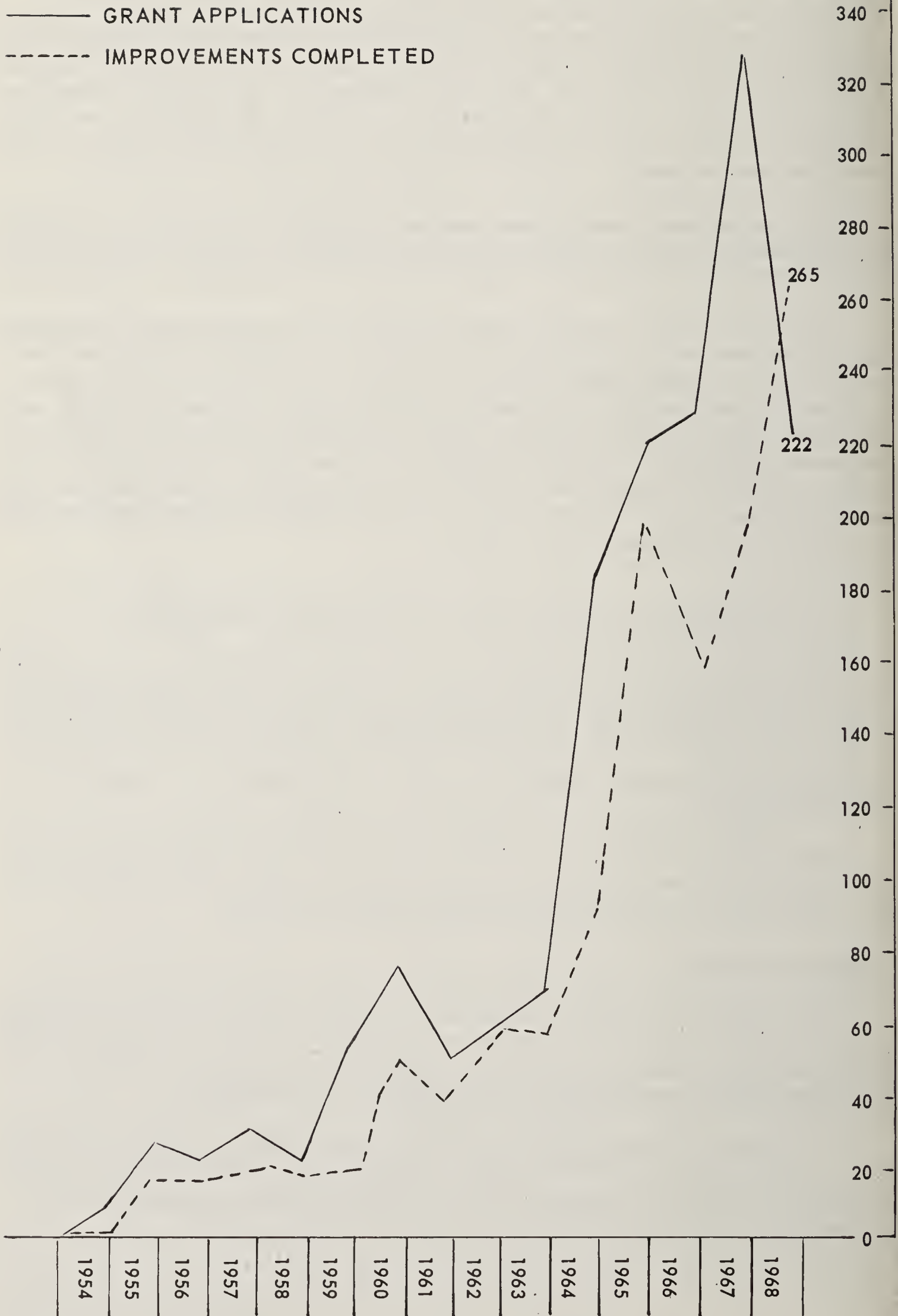
Unfortunately, shortage of staff and continued uncertainty of the dating and effects of proposed changes in the legislation (White Paper "Old Houses into New Homes") prevented us from achieving these aims.

##### Improvement Grants

The number of dwellings improved with grant assistance during the year again showed a significant increase on previous years – 265 dwellings being improved, with a total grant payment of £26,188. 12. 10 (as compared with 201 during 1967), or an average cost of £98. 8. 6 per dwelling.

The number of applications for improvement grants received was much lower, 226 compared with 327 in the previous year. Much of this reduction was resultant from the slowing down of Compulsory Improvement Area action and had been anticipated.

# IMPROVEMENT GRANTS PROGRESS CHART





### Compulsory Improvement Areas

Proceedings, consultations with owners and their contractors, service of statutory notices under the provisions of the Housing Act, 1964, and subsequent enforcement action continued in respect of dwellings contained within 4 of the Council Defined Compulsory Improvement Areas. Staffing resources did not allow for any progress in the case of the Littleton Road area.

These approaches resulted in a further 133 dwellings contained within these areas being improved to the full Standard Grant level,

- i.e. (a) fixed bath or shower;  
 (b) wash hand basin;  
 (c) hot and cold water supplies to bath, wash hand basin and kitchen sink;  
 (d) internal water closet (where applicable);  
 (e) satisfactory facilities for storing food.

The situation within these Compulsory Improvement Areas can be assessed by reference to the following table which shows improvement in approximately 50% of all dwellings. The remaining 50% (dwellings still not improved) consist now almost entirely of owner/occupied dwellings or where tenants have withheld their consent to the improvements being carried out.

Table 1

### Progress within Compulsory Improvement Areas

Area	Total Dwellings	Tenanted Dwellings	Owner Occupied	Dwellings to be improved	Grant applications	Improvements completed
Lower Broughton	239	154	85	234	123	101
Langworthy No. 1	326	235	91	326	155	132
Duchy Road	115	69	46	105	44	32
Seedley No. 1	460	323	137	392	234	195
Littleton Road	485	207	278	450	5	3

### Tenants' Representations

The method of obtaining improvement of individual dwellings on receipt of request by the tenant involves similar prolonged legislative procedures as in the Compulsory Improvement areas but representations from tenants have been encouraged. Progress is slow but improvements are being achieved and tenants are becoming more aware of their rights in this matter.

Table 2

## Progress following Tenants Representation

Year	No. of Representations	Notices Served	Grant Applications	Completed Improvements
1965	33	58	—	—
1966	20	28	25	—
1967	55	57	27	32
1968	32	71	32	18
Totals	140	214	84	50

## Future Programme

The White Paper "Old Houses into New Homes" and the Housing Bill, 1969 contain provisions which will radically affect the incentives to owners to improve their houses (increased grant payments, rent increases), the scope of local authorities to enforce repairs and their methods of obtaining Area Improvements.

It is hoped that these changes will be for the better but they will certainly not reduce the burden on councils similar to Salford and we must strive to widen the understanding of tenant and landlord alike of the benefits of improvements and provision of basic amenities as well as using the compulsory powers at our disposal.

## ATMOSPHERIC POLLUTION

## Domestic Smoke Control

The task of Smoke Control within the City proceeded throughout the year under review. The survey of new Smoke Control Areas, inspection of the fitting of new appliances where work of conversion had to be carried out in areas subject to smoke control, the pricing and costing of eligible work and the calculation of grant payments to owners etc. has been carried out.

Smoke Control in the City is now turning, with regard to domestic smoke, into the 'home straight'. Of the total number of premises in the City 46% are subject to smoke control and of the total acreage of the City, 51% is under control.

The efforts of the Department in the field of Smoke Control appear to be having effect.

By plotting the yearly averages of smoke content and sulphur content of the Salford atmosphere on a graph it can be readily seen that an improvement

has been brought about. From a smoke content of 402 microgrammes per cubic metre in 1961 we now have 193 for 1968, and for a sulphur reading of 328 microgrammes per cubic metre of air in 1961 we now have 177 for 1968.

It is noticed that there is little or no objection from householders to Smoke Control, the belief in a clean atmosphere is now accepted. The young newly-married couple when setting up their home are only interested in central or the modern forms of heating and the old ideas are dying.

#### Industrial Smoke

The Department's Inspectors engaged on industrial smoke control have visited the various types of industrial furnaces in the City. Inspections of the furnaces have been made and discussions with the management concerning the efficient working of the plant have taken place.

The co-operation of all the industrialists within the City has been readily given, especially when it is pointed out that inefficient combustion is uneconomical.

Observations of the chimney stacks within the City have been made for the purpose of enforcing the Dark Smoke (Permitted Periods) Regulations, 1958.

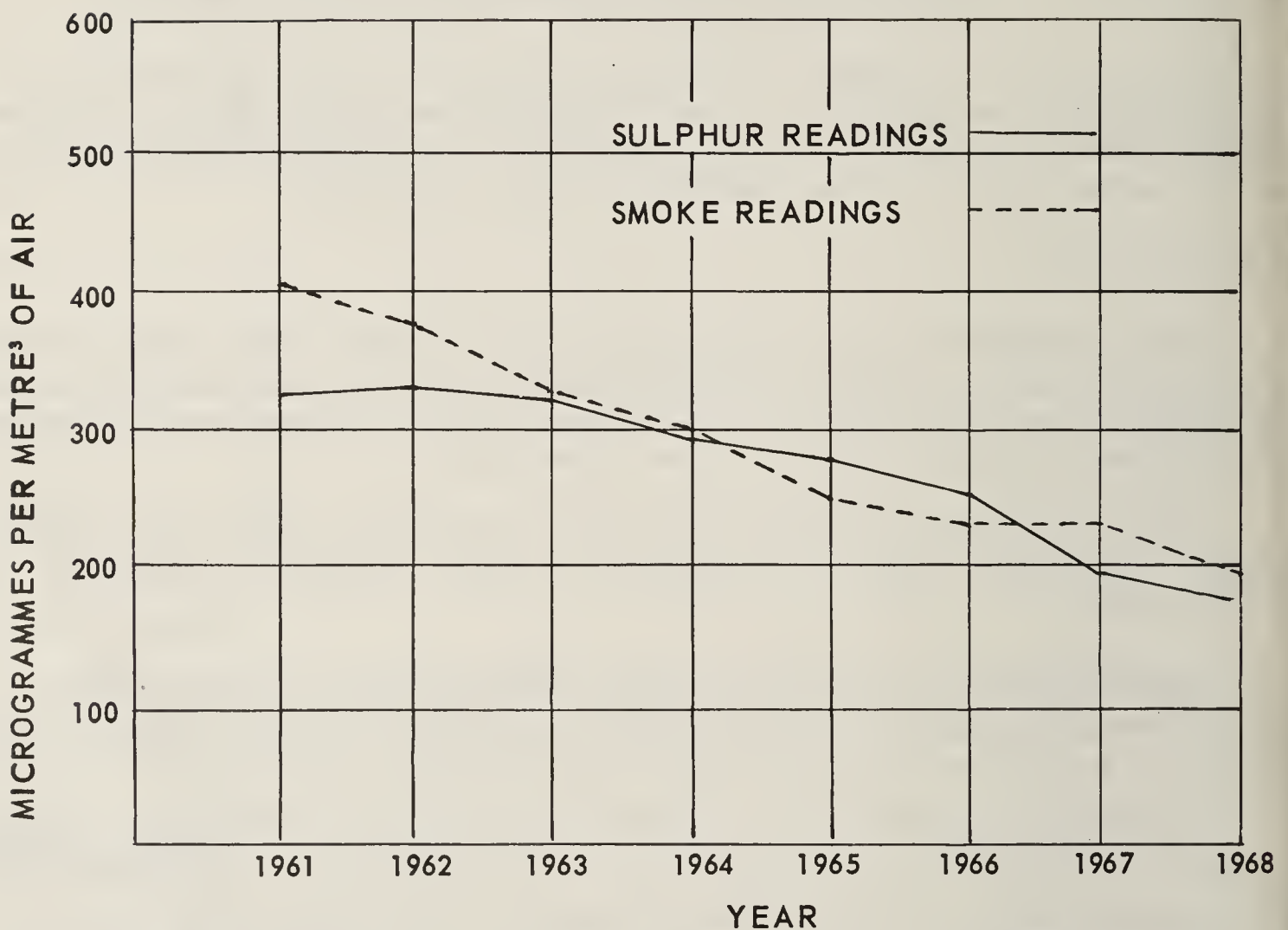
The Department has also undertaken the calculation of chimney heights where new furnaces are installed. These are calculated in accordance with the recommendations of the Ministry of Housing and Local Government which bases the calculation on the amount and type of fuel burnt, the amount of sulphur emitted per hour, the type of district and the length and height of the building. In cases where new furnaces are to be installed in areas subject re-development care must be taken to ensure that chimneys are of sufficient height so as not to cause a nuisance from the products of combustion to the occupiers of nearby high rise premises.

In instances where a high chimney is required to obviate the risk of nuisance and this is not in keeping with the requirements of the City Engineer's Planning Department, the installers have been advised to change to a different type of fuel with a lower sulphur content which would require a lower chimney stack.

In general the work of Smoke Control has proceeded satisfactorily, in the domestic sphere as well as industrial. We should not however become complacent in this matter. The vigilance of the Department's staff and the determination of the Chairman and Members of the Health Committee is still required as much now as it was when the Smoke Control programme started in March, 1959. I am sure that together the staff and the Health Committee will pursue this problem of smoke control to a satisfactory conclusion.



## YEARLY AVERAGES



## DRAINS AND SEWERS

During the year, 2,449 complaints were dealt with by the Drainage Inspector and his two assistants in respect of defective drains and sewers, which include complaints from the Housing Department in respect of Corporation owned property. Simple blockages which can easily be removed by use of drain rods or plungers were dealt with as in the past and no charge made for the service rendered.

During the year, the Corporation carried out work in default at 18 premises where notices had been served and the total cost of this work was £455 which is recoverable from the owners of the premises concerned.

Work was carried out on 43 sewers under Section 24 of the Public Health Act, 1936 by the City Engineer and the work was inspected whilst in progress and on completion by the Drainage Inspector. Notices under Section 24, Public Health Act, 1936 are served by the Chief Public Health Inspector. The Highway Surveyor's Department and the Drainage Inspector are in daily contact, dealing with urgent sewer complaints as they arise.

The last three remaining "waste water closets", (tiplers) in Salford were converted into "water closets" under Section 47, Public Health Act, 1936.



The work was carried out by the Corporation and one-half of the total cost is recoverable from the owners of the premises concerned. All closets in Salford are now water closets and contributing towards a higher standard of health.

Numerous percolations were investigated into cellars and basements and colour testing of drains and sewers was carried out to ascertain the cause. One case in particular was at the G.P.O. Telephone Exchange, "Dial House", in Chapel Street, where water was found to be percolating fast along the trunking ducts into the basement, causing serious flooding. The Drainage Inspector was called to investigate at the request of the Ministry of Works and systematic colouring of the drains and sewers in the vicinity was carried out. To alleviate the flooding and prevent costly damage and also the smell which was causing unrest amongst the G.P.O. staff, a sinking was made from the pavement in Chapel Street down to the side of the duct where a hole was made in the side and the sewage pumped out. It was eventually found that the sewage was coming from a broken sewer in Water Street which was opened up and repaired by the City Engineer.

Blockages in drains are nearly always caused by occupiers' neglect and it is quite common to find a scrubbing brush, floor cloth, or a toy lodged in the drain: surprise is expressed when the occupier is shown the cause of the stoppage. The amount of work required can be expensive, especially where it necessitates the opening up of a passage or road.

Inspections were carried out of drain and sewer repairs in accordance with Section 41, Public Health Act, 1936 and subject on completion to test by water, colour or smoke, according to the work carried out.

Choked drains and sewers are a danger to health and the work must be carried out as expeditiously as possible and as far as practicable complaints are dealt with the same day as they are made.

### NOISE CONTROL

The year has seen a continued high level of complaints of noise.

Noise is a problem of great practical importance from medical, economic and legal aspects and is as undesirable a feature of city life as is air and water pollution. It can be defined as "sound which is undesired by the recipient."

Noise is therefore subjective and its effect on the individual not only depends on his hearing sensitivity but also in his reaction to sound and noise. It follows that an assessment of an alleged noise nuisance can be complex, since groups of "normal" people are not generally available to give evidence on a given noise situation. It is often necessary therefore to specify noise in physical terms by measuring noise objectively with a sound level meter and auxiliary equipment. But even so, the noise character or noise level does not itself matter—the problem is whether people are significantly annoyed by it.

The law concerned with, and controlling, noise can be conveniently divided into four parts, viz., Planning Law, Local Byelaws, The Noise Abatement Act, 1960 and allied legislation, and Common Law.

There is little direct reference to noise in Planning Law and this only relates to buildings which change their use. Too often we meet examples of new housing projects attractive in their grouping and in their harmony with local topography and sufficient in amenities but with the aural environment happily neglected.

Local byelaws are usually designed to cover specific detail when there is a local need and will generally not affect the overall position. There are no such Byelaws in Salford.

The Noise Abatement Act, 1960 extends the list of nuisances constituting statutory nuisances under Part III of the Public Health Act, 1936 to include "noise and vibration". The local authority is required to serve notice to abate a noise nuisance.

The penalty is a maximum £50 fine and £5 per day for continuance of a noise nuisance.

The Building Regulations (framed under the Public Health Act) now include provision for sound insulation of walls and floors in new buildings to provide adequate resistance to the transmission of airborne sound. However, despite the high potential nuisance from noise caused by internal service pipes especially in multi-storey flats, there is no statutory control.

Any local resident can take civil action for a noise nuisance at common law. It is interesting to note that common law offers the only protection to industrial workers against harmful effects of noise.

A claimant usually attempts to gain an injunction which makes the defendant reduce the noise and may require compensation for damages.

It was reported in my 1967 Annual Report that legal proceedings were being undertaken against a local engineering firm. In 1968, proceedings were again instituted and the defendants were fined £50. The stipendiary justice indicated that if any future nuisance or noise are made by this firm then an injunction will have to be sought.

One problem of noise associated with a packaging manufacturers has proved to be complex due to the multiplicity of noise sources. However, silencers have been fitted to two air coolers to the water supply and further works to enclose two pumps in sound insulated compartments are in progress.

Noise complaints of ice-cream chimes being operated after 7 p.m. have been surprisingly few compared with other Local Authorities, and only in one case has a formal warning been necessary.

The problem of traffic noise is ever-increasing not only due to the usual noise associated with highways and roads but also with other vehicle usage e.g. car parks into clubs, night taxi services, new garage blocks adjacent



to houses. One formal warning was issued to a firm of taxi and charabanc proprietors causing a nuisance to local residents by bringing in their vehicles during the early hours of the morning and at week-ends and leaving the diesel engines running for unnecessary periods.

A short course on noise control was held at Salford College of Technology with great success and I am pleased to mention that one lecture was undertaken by a member of the Health Department.

### FOOD HYGIENE

The problem of itinerant street traders, which was referred to in last year's report has continued to cause concern. The number of such traders is tending to increase and there are obvious enforcement problems even though the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations of 1966 give much better control than formerly.

Every effort has been made to inspect the food and the vehicles of street traders, and a great deal of correspondence and negotiation has taken place to ensure that the Hygiene Regulations are complied with. In the following two cases it was found necessary to institute legal proceedings for persistent contravention of the Regulations.

A vehicle which was being used for the retailing of wet fish was inspected by a Public Health Inspector near the Dock gates. The fish was unwrapped and was being handled and weighed by the person in charge of the vehicle. It was found that although open food was being sold the vehicle was not provided with any wholesome water, nor a wash-basin, soap, towels, or first aid box. Furthermore an incorrect name and address was displayed on the vehicle. The person carrying on the business had been warned on previous occasions and legal proceedings were therefore taken and a fine of £10 imposed.

A similar vehicle was found in another area of the City and a prosecution was taken for lack of water supply and a fine of £5 imposed.

A survey of retail food shops was started and almost completed during the year. Particular attention was given to the smaller type of family business which was not dealt with under the recent survey under the Offices, shops and Railway Premises Act, because such premises generally are not found to have any staff employed.

As on previous surveys it was found that the majority of premises had been brought up to a legal standard as far as equipment is concerned. The exceptions to this were found to be premises where changes of occupation had taken place, and where the occupier had made changes which resulted in non-compliance. Several instances were found where food shops were operating with no hot water supply. Reasons for this included the fitting of gas fires and the consequent removal of back boilers, disrepair and sometimes complete removal of gas or electric water heaters.

Small corner shops are of course on the decline numerically, and this



seems to have led to a remarkable increase in the frequency of changes of occupation in such shops. Unfortunately, this frequently happens without any consultation with the Health Department, even though in many cases Milk Licences and Registration are necessary. Regular routine visiting is the only effective way to control this situation which does occasionally lead to a position where a food shop or cafe is run for a period by a person with no knowledge of food hygiene or of the Food Hygiene Regulations.

The majority of the work has of course been done by negotiation, but in three cases insanitary conditions were found which were not ameliorated after a warning, and legal proceedings were therefore necessary. The following are brief details.

The occupier of a Transport Cafe was prosecuted for insanitary conditions which included dirt and mice droppings in the kitchen, extensive mould growth on walls and ceilings, and inadequate ventilation. A fine of £20 was imposed.

A prosecution instituted against a butcher was withdrawn because the shop closed down after the summons was served. The premises were not provided with any hot water, and maggots, mice droppings and dirty equipment were found by the Inspector.

Insanitary conditions were found in the kitchen of a restaurant which specialises in continental dishes. Defects included mouldy food, dirty equipment and an accumulation of refuse in the kitchen. The investigation leading up to this case involved a number of late night visits as this was the only time that access could be gained to the premises. A fine of £25 was imposed.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

### Registration and Inspection of Premises

The initial survey of premises having been completed in 1967, the problem of registration is essentially one of preventing the register becoming out of date due to re-development and changes of occupation.

It has been found quite inadequate to rely on occupiers carrying out their statutory duty to register, even though penalties are prescribed for failure to register. This year is in fact notable in that for the first time in Salford an occupier has been prosecuted for failure to register, and a fine of £2 was imposed. The case was not just simply failure to notify however but was failure to complete Form OSR 1 after several requests both verbally and in writing.

Measures taken to deal with the problem of failure to register include observation by Inspectors, liaison with the Planning Department of the Corporation, and liaison with the District Inspector of Factories.

During the year there have been 51 new registrations and 17 premises have been taken off the register. Of the new registrations 39 were discovered by Inspectors and only 12 were voluntarily notified.

The major inspection effort this year has been devoted to following up problems found on the initial survey, and to ensuring that newly-registered premises receive a general inspection within a week or two of registration.

It will be noted in the section dealing with legal proceedings that more prosecutions have been taken this year than in any previous year. This does not however indicate a higher rate of contraventions, but rather that more time has been available for follow-up work consequent upon the completion of the initial survey.

## Operation of the general Provisions of the Act

### Cleanliness

It has been necessary to institute legal proceedings in the case of two premises during the year for lack of cleanliness. In both cases the premises were food premises, and it was decided to proceed under the provisions of the Food Hygiene (General) Regulations 1960, although the proceedings could have been taken under the Offices, Shops and Railway Premises Act.

These two cases were in no way typical, and in the majority of cases reasonable standards of cleanliness have been achieved.

### Overcrowding

No cases of overcrowding were noted during the year, which seems to support previous experience that overcrowding as defined in Section 5 (2) is relatively rare.

### Temperature

Inadequate heating has again been found to be the most common cause of complaint by employees. Legal proceedings have not been taken under this heading, but a great deal of negotiation has taken place to bring about improvements, and many improvements have been effected.

### Ventilation

The majority of problems have been found in ladies' hairdressers, cafes, public houses and betting shops. In one case a prosecution was taken in respect of ventilation which was so inadequate that mould growth and severe condensation were in evidence on walls and ceilings. The prosecution was taken under the Food Hygiene (General) Regulations 1960, because the premises were used as a cafe, but the Offices, Shops and Railway Premises Act was applicable and could equally have been used.

### Lighting

Standards of lighting in the majority of premises have improved greatly in recent years, and most premises are provided with lighting which is well above the minimum level recommended in the new Ministry booklet on lighting standards, although commonly below the level in the I.E.S. Code.



## Sanitary Conveniences and Washing Facilities

The regulations relating to the provision of adequate numbers of water closets and washing facilities are in general complied with. Lack of cleanliness and poor maintenance is the main problem. A prosecution was taken against the occupier of a shop for failing to provide a supply of running hot water. A submission that an electric kettle which was available represented compliance, was rejected by the Stipendiary Magistrate and a fine of £10 was imposed (£5 for each of two partners).

## Eating Facilities (Shop only)

The enforcement of this section has proved to be very difficult, and there is a big variation in standards of provision. In many cases first class facilities are available, but some employers have refused to co-operate and indeed actively discourage their employees from taking meals on the premises.

## Floors, Passages and Stairs

The maintenance of floors, passages and stairs is undoubtedly one of the biggest problems in the sphere of safety in shops and offices. In one case a prosecution was taken for failure to provide a hand-rail to the staircase in a launderette and a fine of £10 was imposed (£5 for each of two partners). In a great many cases improvements have been obtained by negotiation.

## First Aid

The maintenance of First Aid boxes and equipment continues to give cause for concern, and is being dealt with by the issue of a leaflet on First Aid matters which is issued by Inspectors whenever unsatisfactory facilities are found. Two prosecutions were taken for inadequate first aid facilities and fines of £10 and £3 respectively were imposed.

## Safety of Machinery

Only three of the notified accidents this year occurred in association with machinery, two of which were on conveyors and one of which was on a lift, and all of which were of a minor nature.

Nevertheless there are many problems associated with machinery, not the least of which is a regrettable tendency in many food shops to regard the cleaning of food slicers as a job for untrained junior staffs.

## Accidents

Notifiable accidents this year have totalled 37, which is 4 more than last year. It is difficult to detect any particular trend in the level of accidents because of the tendency for employers to neglect their statutory duty to notify accidents. It does seem likely that the level of accidents is somewhat higher than the figures suggest, and to try to improve the level of notification, leaflets are available on the subject and Inspectors make enquiries and check accident books, where available, whenever premises are visited.



## Causes of Notifiable Accidents

None of the accidents notified this year has been fatal.

### Handling Goods

This was the most common cause accounting for about 54% of the accidents notified. This seems rather an exceptional proportion as in other years falls have been the most common. Analysis of the figures shows that most of the accidents of handling goods have been in public houses associated with handling barrels of beer and most of the injuries have been sprained backs, although in three cases fractures occurred and in one case burns.

### Falls

This was the second most common cause accounting for about 17%. The accidents included falls from stairs, step ladders and tripping over loose floor coverings and although none of the falls resulted in permanent injury about 50% resulted in fractures.

The remaining accidents occurred in association with conveyors, vehicles, fork lifts and falling objects.

Accident investigations have been carried out in 26 cases during the year which represent 70% of the accidents reported. Investigations are always carried out where it is thought to be useful.

### Legal Proceedings

Although most of the year's work was done by co-operation with occupiers, in three cases legal proceedings were taken because the occupiers failed to carry out requirements in a reasonable time.

#### Case No. 1

Legal proceedings were taken against 2 partners who were joint occupiers of a shop used for the purpose of receiving clothes from the public for the purpose of being dry cleaned.

Each partner was fined £5 for failing to provide a supply of running hot water, £5 for failing to provide a first aid box, and £5 for failing to provide a thermometer on the premises.

They pleaded guilty in the case of the first aid and thermometer charges, but not guilty to the hot water charge on the grounds that an electric kettle was available. The Stipendiary Magistrate ruled that an electric kettle did not provide running hot water.

#### Case No. 2

Legal proceedings were taken against the same two partners referred to in case No. 1 but in respect of different premises used for the same purpose.

Each partner pleaded guilty for failing to provide a hand rail at the staircase and a fine of £5 each was imposed.

### Case No. 3

The occupier of a cafe was prosecuted for failing to register the premises on Form OSR 1, and for failing to provide a first aid box.

There was a plea of guilty and a fine of £2 was imposed in respect of the OSR 1, and £3 in respect of the first aid box.

Additional charges of insanitary premises and inadequate ventilation were dealt with under the Food Hygiene (General) Regulations 1960.

### Exemptions

No exemptions have been granted this year.

TABLE A – Registrations and General Inspections

Class of premises	Number of premises newly-registered during the year	Total number of registered premises at end of the year	Number of registered premises receiving one or more general inspections during the year
Offices	23	495	41
Retail Shops	16	946	190
Wholesale shops, warehouses	6	121	21
Catering establishments open to the public, canteens	6	273	69
Fuel storage depots	—	10	4
Totals	51	1,845	325

TABLE B – Number of visits of all kind (including general inspections) to Registered Premises

TABLE C – Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace		No. of persons employed
Offices		4,229
Retail Shops		2,903
Wholesale departments, warehouses		1,484
Catering establishments open to the public		1,659
Canteens		67
Fuel storage depots		64
Total		10,406
Total males		5,360
Total females		5,046

TABLE D – Exemptions

## Part III Sanitary Conveniences (Sec. 9)

Offices	1
Retail Shops	—
Wholesale shops, warehouses	—
Catering establishments open to the public, canteens	—
Fuel storage depots	—



TABLE E – Prosecutions

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of regulations or order	Number of Informations laid	Number of Informations leading to conviction
6	1	1
10	1	1
16	1	1
24	2	2
49	1	1

No. of persons or companies prosecuted 3

No. of complaints (or summary applications) made under Section 22 —

No. of interim orders granted —

TABLE F – Inspectors

No. of Inspectors appointed under Section 52(1) or 5 of the Act	1
No. of other staff employed for most of their time on work in connection with the Act	1

## MEAT INSPECTION

## Foot and Mouth Disease

The City became a Controlled Area on 31st October, 1968 and then an Infected Area on 9th November, 1968, and was still under restriction at the end of the year. During the year, 195 licences were issued for the movement of animals to the slaughterhouse for immediate slaughter.

## Carcases Inspected and Condemned

	Cattle ex Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	2,534	1,117	9	23,686	—
Number not inspected	—	—	—	—	—

## Carcases Inspected and Condemned (continued)

	Cattle Ex Cows	Cows	Calves	Sheep & Lambs	Pigs
All Diseases except Tuberculosis and Cysticerchi					
Whole carcasses condemned	—	5	—	33	—
Carcase of which some part condemned	12	5	—	26	—
Tuberculosis only					
Carcase or part or organ condemned	—	—	—	—	—
Cysticerchi					
Carcase of which some part or organ condemned	6	—	—	6	—
Carcase submitted to refrigeration	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

## Weight of Meat and Offal rejected from Animals Slaughtered

	Tons	Cwts.	Qtrs.	Lbs.
Full carcasses	1	6	—	2
Part carcasses	—	7	1	21
Offal	6	10	—	21
TOTAL	8	3	2	16

## POULTRY INSPECTION

There are three establishments within the City where poultry are processed for the Jewish community. The Kosher method of evisceration comprises the splitting of the backbone, allowing detailed inspection of the various organs prior to retail sale, therefore continuous supervisory inspection by the Food Inspector is not required. The premises are visited on an average of twice weekly.

## (1) Poultry Slaughterhouse

Under the direct supervision of the Machzikei Hadass. Depending on the time of the year, 700 to 1,000 chickens and hens are killed every week; the birds are plucked on the premises and then transported to premises outside the City.

## (2) Poultry Dressing Premises

Hens and chickens Koshered in a neighbouring authority are transported to this establishment where they are plucked and eviscerated ready for retail sale from the premises or delivery to households and catering establishments. The average weekly throughput is 700 to 1,000.

## (3) Kosher Poultry Retailer

This establishment which opened during the year, receives hens and chickens Koshered in a neighbouring authority. They are prepared for retail sale at the premises, the average weekly throughput being between 200 and 250.

## SAMPLING UNDER THE FOOD AND DRUGS ACT, 1955

Due to the fact that the food manufacturing industry is becoming more and more concentrated into larger units which are able to employ their own food chemists for greater quality control and to employ trained hygiene specialists to use more modern hygienic methods of storage, preparation, canning, bottling and packaging, the number of complaints of adulterations and of selling unwholesome foods is decreasing. Nevertheless, a sampling policy is carried out to check on a wide range of Food and Drugs,

During the year, 685 samples were submitted to the City Analyst for his examination. Details of these samples and the results of analysis are shown in the City Analyst's Section of this report.

Investigations were carried out on all food complaints received from the public. These were mainly moulds, insects in food, and faulty cans; the moulds are usually due to bad stock rotation at the point of retail and every effort is made to stress the importance of this in all food shops.

### Bacteriological Sampling of Foodstuffs

#### Ice Cream

43 samples of ice cream were taken during the year and the results of the bacteriological examination were as follows:—

<u>Number of Samples</u>	<u>Grades</u>
30	1
10	2
1	3
2	4

Routine inspections were carried out at Manufacturers' premises and on Vehicles trading in the City.

The results generally were good and follow-up visits were made when results fell below the required grade.



## Milk

204 samples of milk were taken for bacteriological examination, the results of which are given in the following table:—

Test	Milk	Number tested	Pass	Fail
Methylene Blue	Untreated	1	1	—
Methylene Blue	Pasteurised	118	115	3
Phosphatase	Pasteurised	117	117	—
Turbidity	Sterilised	85	85	—

Regular inspections were carried out at the various distribution dairies and on milk vehicles operating in the City.

The 3 methylene blue failures were investigated and repeat samples taken.

## Water Supply

The water supply is obtained from Manchester Corporation Waterworks and during the year 23 samples were taken as a result of complaints. These samples were found to be satisfactory both as regards chemical and bacteriological standards. The complaints were mainly due to brownish discolouration of the water caused by an excess of iron oxide. The supplies were rectified by the water authority.

## The Liquid Egg (Pasteurisation) Regulations, 1963

52 samples of pasteurised liquid egg were taken during the year, all of which passed the Alpha Amylase test in accordance with the above regulations.

## Swimming Bath Waters

38 samples were taken from the 3 school baths. These were submitted for both chemical and bacteriological examination.

The bacteriological results were all satisfactory.

The chlorine content of several samples was unsatisfactory and the baths concerned were notified immediately.

## Milk Supplies — Brucella Abortus

No raw milk is received into the City and therefore no milk samples have been examined for Brucella Abortus.

## SHOPS ACT, 1950

The scope of this Act is very much reduced in consequence of the enactment of the Offices, Shops and Railway Premises Act, 1963, and many of the remaining provisions have little relevance to modern conditions.

As in most years, enforcement has been achieved in general by negotiation, to obtain compliance with the restrictions on retail trading hours.

For the second year in succession however a prosecution was necessary against a firm of plumbers merchants who were fined £5 for serving retail customers on a Sunday afternoon. This prosecution was taken after a series of bitter complaints from other traders.

## PET ANIMALS ACT, 1951

18 pet shops have been licensed during the year and each shop has been inspected by the Public Health Inspector and the R.S.P.C.A. Inspector. Compliance with the Act has been achieved informally.

## HAIRDRESSERS AND BARBERS

During the course of the year applications for registration have been received in respect of 8 premises, all of which have been granted after inspection to ensure compliance with the bye-laws.

Routine inspections have been carried out at 63 of the premises already registered and compliance has in all cases been achieved informally.

## PEST CONTROL

The pest control section provides a complete service to all types of premises for the eradication of rats, mice, pigeons and all types of household insects.

### Rodent Control

### Sewer Treatment

Three operators working as a team carry out the never-ending job of inspecting, baiting and recording the 2,993 manholes within the City, using .025% Warfarin. All the manholes are baited until "no takes" are recorded.

This systematic treatment of the sewers has kept the rat population at a low level and under control. This can be clearly seen in the numerous areas within the City which are subjected to either Clearance or Redevelopment where drains and sewers are unsealed and exposed, giving free runs to the rats, and yet there is no evidence of infestations in these areas.

The following table gives a summary of the year's work to achieve this control.

Section of system treated	Total No. of manholes in the system	No. of manholes treated	No. of manholes showing takes	Weight in ounces of bait taken
50th Maintenance 8/12/67-19/6/68				
Salford 1/13	853	827	62	252
Broughton 1/11	732	712	5	15
Pendleton 1/17	1,408	1,388	39	117
Total	2,993	2,927	106	384
51st Maintenance 22/6/68-30/12/68				
Salford 1/13	845	829	39	115
Broughton 1/11	732	713	12	36
Pendleton 1/17	1,388	1,366	37	109
Total	2,965	2,908	88	260

#### Surface Investigations and Treatment

During the year, 2,135 complaints were received at the Health Department, of which 720 were for rats and 1,415 for mice.

The foreman and two operators investigated all complaints and found that action and treatments were necessary in 160 cases for rats and 1,043 cases for mice.

A comparison of these figures with those for the last 3 years,

	Rat Treated	Mice Treated
1965	155	681
1966	132	549
1967	172	798

shows that the rat treatments have remained at an average of 153 cases per but the mice treatments have increased from an average of 676 per year to the present level of 1,043 cases.

The jump in the number of cases treated this year appears to be due to occupiers not carrying out correct treatment as directed on the packets of Warfarin bought from shops and at the Health Department and in desperation calling for the services of the rodent operator.



Time and again complaints are received at the Health Department that the mice are "thriving" on the Warfarin bought and that they are on the increase. On investigation, the operators find that in most cases the occupiers have been "underfeeding" and hoping to kill off the mice with one or two boxes of Warfarin containing about 3oz of poison. Occupiers carrying out their own treatments must read the instructions carefully and treat accordingly to be of any success against these pests.

The charge for the operator's time is 15/- per hour inclusive of materials for the treatment for mice in all types of premises, and for rats in business premises only. In cases where hardship is proved a free treatment is given.

#### Disinfestation Service

The two full-time operators covered 8,270 miles in a light van during the year, treating all types of premises.

A nominal charge of 7/- per room to occupiers of dwelling houses is made irrespective of the type of infestation found. The money is paid to the operator at the time of the treatment and an official receipt is issued. In cases of hardship a free treatment is given. Business premises are charged on the basis of "time and materials".

The following table shows the work carried out :—

Insects Attacked	No. of operations in 1967	No. of operations in 1968
Bed bugs	242	249
Cockroaches	515	529
Wood boring beetles	2	2
Earwigs	2	1
Flies	21	11
Golden Spider beetles	35	15
Mites	8	14
Wasps and Bees	27	26
Fleas	34	43
Larder Beetles	108	133
Ants	5	5
Lice	5	8
Total	1,004	1,036

In addition to the 1,036 treatments for specific infestations, 872 slum clearance dwelling houses and furniture were sprayed with insecticides prior to removal of the families to new homes.

861 tins of insecticide were sold and 50 tins issued to Corporation tenants at the inquiry counter so that tenants could carry out their own treatments.

#### Pigeon Control

Following the publicity campaign started in November, 1965, requesting people not to attract pigeons to built-up areas by constantly feeding the birds in streets, passages and yards, complaints are still received at the Health Department and investigated. In most cases the offending persons are approached and requested not to feed the birds, and the damage they cause to properties and nuisance to neighbours is pointed out. In most cases the feeding stopped.

Where no heed was taken of the Public Health Inspector's advice, portable traps were sited as near as possible to the offender's feeding area and the pigeons were caught and taken to the local R.S.P.C.A. Centre and humanely destroyed.

The siting of a portable trap in this type of area acts as a "deterrent" and gives the hard core of offenders the choice of either keeping on feeding the birds to be trapped and destroyed or stopping feeding and letting the birds find other feeding grounds.

Last year 700 pigeons were caught and humanely destroyed.

### STATISTICS

#### List of Samples Taken

Pharmacy and Poisons	2
Food and Drugs (other than Milk)	231
Milk for Phosphatase Test	117
Milk for Methylene Blue Test	119
Milk for Turbidity Test	85
Milk for Fats and Solids not fats etc.	213
Ice Cream	43
Fertilisers and Feeding Stuffs Act Samples	7
Water Supply Samples	23
Swimming Bath Water Samples	38
Rag Flock Samples	—
Liquid Egg	52
Miscellaneous Samples for Bacteriological Examination (including desiccated coconut, cooked meats etc.)	37
Total	<u>967</u>

## Complaints and Notices Issued under the Public Health Acts

Number of complaints received	8,158
Statutory Notices Issued	3,209
Informal Notices Issued	605
Statutory Notices Abated	3,113
Informal Notices Abated	663

## Factories Act, 1961

(1) Inspections for purpose of provisions as to health :—

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers prosecuted
1 Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by local authorities	5	—	—	—
2 Factories not included in (1) in which section 7 is enforced by the local authority	724	120	40	—
3 Other premises in which section 7 is enforced by the local authority (excluding out-workers premises)	31	4	1	—
Total	760	124	41	—



## Factories Act, 1961 (continued)

(2) Cases in which defects were found :—

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	Number of prosecutions
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	40	30	—	15	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-workers)	—	—	—	—	—
Total	40	30	—	15	—

## (3) Outworkers (Section 133)

Number of out-workers in August list (required by Section 110(1) )	172
Nature of work: Making, etc. of wearing apparel	172

## Visits by Public Health Inspectors, 1968

Sanitary Defects	10,714
Houses in Multiple Occupation	359
Offices, Shops and Railway Premises Act	343
Shops Act	57
Improvement Grants	2,805
Clearance Areas	7,844
Advance on Mortgages	236
Factories	255
Public Houses	123
Places of Entertainment	38
Schools	15
Housing Applications	777
Caravans	53
Infectious Diseases	43
Food Poisoning	204
Air Raid Shelters	113
Canteens (Factory and School)	72
Rodent Control	1,274
Pests	285
Pigeons	186
Noise Nuisance	49
Food Shops	1,279
Cafe, Restaurants, etc.	230
Food Preparing Premises	123
Food Stalls and Vehicles	282
Slaughterhouse	40
Hen Slaughterhouse	1
Unsound Food	253
Dairies	66
Water Supply	59
Swimming Baths	59
Food and Drug Samples	99
Ice Cream	50
Pharmacy and Poisons Act Samples	29
Rag Flock and Other Filling Materials Act	6
Hotels	24
Fuel Storage	6
Pet Shops	48
Hairdressers	63
Fertilisers and Feeding Stuffs Act	2
Public Conveniences	28
Property Enquiries	303
Miscellaneous	273
Smoke Control	9,092
Smoke Observations (Industrial)	227
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Total	38,487
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Letters	2,605
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Calls — No Admittance	1,319

## Unsound Food Condemned

	lbs.	oz.
Meat	18,502	8
Fruit	4,118	3
Vegetables	7,996	0
Cheese	157	0
Jam	91	0
Coconut	900	0
Soup	23	10
Powdered Milk	21	0
Lard		8
Onion Powder	32	0
Fish	2	11
Fruit Juice	39	0
Frankfurters		8
Spaghetti Hoops	1	8
Pickles	176	0
Creamed Rice	14	0
Sago	2	0
Sugar Puffs	5	0
Chicken Fillets		4
Tomato Puree	250	0
Cream	92	0
	<hr/>	
Total	32,424	12
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## CITY LABORATORY

The City Laboratory provides an analytical service for the City of Salford, and also for the neighbouring authorities of Eccles, Stretford, Sale, Urmston and Worsley. For sampling purposes the six authorities co-operate closely and participate in schemes for the integrated routine sampling of both foods and drugs.

The total number of analyses and tests from all sources was 3,243, and these may be classified as follows:—

	City of Salford	Borough of			Urban District of	
		Eccles	Stretford	Sale	Urmston	Worsley
Food and Drugs Act Samples	468	150	129	142	115	95
Pesticide Survey Samples	9	—	—	3	3	—
Pasteurised Liquid Eggs	53	—	—	—	—	—
Fertilisers and Feeding Stuffs	7	—	—	—	—	—
Miscellaneous Samples						
Swimming Bath Waters	40	30	7	1	9	—
Contract Samples	225	—	—	—	—	—
Pharmacy & Poisons Act Samples	2	—	—	—	—	—
Others	81	1	1	58	5	4
Atmospheric Pollution Tests	1,605	—	—	—	—	—
	2,490	181	137	204	132	99

TOTAL — 3,243

In respect of the work carried out for the additional five authorities mentioned above, fees of £2,937. 11. 3 were received by Salford Corporation.

### FOOD AND DRUG SAMPLES

The total number of samples taken under the Food and Drugs Act during the year from all sources was 1,099. This figure represents an overall sampling rate of 2.80 samples per 1,000 population per year. The individual rates for the different authorities are given in Table I.

TABLE 1  
Sampling Rates 1968

Authority	No. of Samples per 1,000 population per year
County Borough of Salford	3.26
Borough of Eccles	3.62
Borough of Sale	2.57
Borough of Stretford	2.15
Urban District of Urmston	2.66
Urban District of Worsley	1.95

Work done for the City of Salford may be divided into four sections:— Food and Drugs; Fertilisers and Feeding Stuffs; Miscellaneous Samples, and Air Pollution. Details are given in the following pages.

#### FOOD AND DRUGS

Table 2 shows the number of samples examined under the Food and Drugs Act, 1955 and the irregular samples in each category.

TABLE 2

#### Samples examined under the Food and Drugs Act

Samples	Number examined	Number adulterated or irregular
Alcoholic Beverages	1	1
Baby Foods	2	—
Baking Powder	1	—
Bread	10	4
Butter	8	—
Cereals and Cereal Products	4	—
Cheese and Cheese Products	4	—
Chocolate Confectionery	1	1
Coffee and Coffee Products	12	—
Colouring matter, etc.	2	—
Drugs	31	4
Fat, etc., other than butter or margarine	6	—
Fish Products — canned	6	—
Flour confectionery — other than bread	2	—

Samples	Number examined	Number adulterated or irregular
Fruit—canned	8	1
Fruit—filling	1	—
Fruit—juice	1	—
Ice Cream	5	—
Margarine	4	—
Meat Products—canned	20	2
Meat Products—pies	7	2
Meat Products—sausages	4	2
Meat Products—others	12	—
Milk for compositional analysis	213	—
Milk—evaporated	4	—
Milk—products	10	—
Milk—others	7	2
Nuts and Nut Products	1	—
Pickles	2	—
Preservatives	2	—
Preserves	7	—
Puddings	4	—
Sauces and Relishes	8	1
Soft Drinks	19	6
Soups	5	—
Spices, condiments and herbs	12	1
Sweetening tablets	2	1
Table Jellies, desserts	6	—
Vegetable Products—canned	11	1
Vegetable Products—dried	2	—
Ready Gravy	1	—
TOTAL	468	29

### Milk

Standards of quality for milk other than Channel Islands milk are fixed by the Sale of Milk Regulations, 1939. These standards of 3.0 per cent fat and 8.5 per cent non-fatty solids are presumptive ones and if a milk falls below these levels, it is presumed until proved otherwise that the milk is not genuine due to the abstraction of fat or non-fatty solids or the addition of water. For Channel Islands milk there is an absolute standard of 4.0 per cent fat.

The average composition of the milks analysed is given in Table 3, the corresponding figures for the previous five years being given for comparison.



TABLE 3

	1963	1964	1965	1966	1967	1968	Minimum Standard
All milk (other than Channel Islands)							
Fat %	3.58	3.55	3.56	3.51	3.62	3.71	3.00
Not-fatty Solids %	8.72	8.82	8.77	8.73	8.67	8.57	8.50
Total Solids %	12.30	12.37	12.33	12.24	12.29	12.28	
Channel Islands Milk							
Fat %	4.66	4.82	4.67	4.51	4.45	4.59	4.00
Not-fatty Solids %	9.20	9.40	9.26	9.16	8.98	9.00	8.50
Total Solids %	13.86	14.22	13.93	13.67	13.43	13.59	

Out of 213 milks examined for compositional requirements, none was below the standards stated above.

#### Unsatisfactory Samples

The total number of food and drug samples examined during 1968 and found to be irregular was 29 and of these 15 were 'complaints'. Table 4 shows the number and percentages of irregular samples in the different categories.

TABLE 4

#### Classification of Irregular Salford Samples

	Number of Samples	Number irregular	Percentage irregular
Total Food and Drug samples including 'complaints'	468	29	6.2
Milks	213	—	—
Food and Drugs (other than milks) including 'complaints'	255	29	11.36
Food and Drugs excluding milks and 'complaints'	220	14	6.4
Food and Drugs including milks but not 'complaints'	433	14	3.23
'Complaint' samples	35	15	43

Details of the unsatisfactory foods and drugs are given in Table 5. In this table numbers suffixed by the letter 'C' are complaint samples.

TABLE 5

## Unsatisfactory Food and Drug Samples (other than milk)

Serial Number	Description	Nature of adulteration or irregularity	Remarks
B4780	Energy Tablets	Disintegration time slightly more than BP recommended time	No action advised
B4878/C	Bread	Contained a pellet of crumpled paper	Warning letter. Premises inspected
B4879/C	$\frac{1}{3}$ pint milk bottle	Firmly adherent to the side of the bottle was some hardened matter similar to cement or mortar	Dairy informed
A1348	Large Loaf	Taken in connection with an advertisement on television which claimed the presence of certain minerals and vitamins but, contrary to the Labelling of Food Order, did not declare the amounts on either the advertisement or the label of the food	Legal proceedings considered but it was decided that informal action only should be taken and the firm in question was notified of the offence. The offending advertisement had already been withdrawn and would be replaced by another complying with the Labelling of Food Order
B4895/C	Potato Pie	Embedded in the filling was an insect ( <i>Ptinus Tectus</i> )	Bakery inspected and necessary treatment carried out
B4924	Sweetening Tablets	Labelling irregularity Container not marked with the appropriate description required by the Artificial Sweetener in Food Regulations	Packers notified
B4935	Meat and Potato Pie	A piece of gristle in the pie was contaminated with blue dye which resembled the dye used in indelible pencils	Bakers informed
B4955	Cumberland Pork sausages	The meat content was 58.5% compared with the recommended standard of 65%	Manufacturer's notified. Further checks to be made

Serial Number	Description	Nature of adulteration or irregularity	Remarks
B4955 (continued)		required for pork sausages by the Sausage and Meat Product Regulations, 1967	
B4981	Mineral Water	Irregularities in composition with respect to claim for presence of iron i.e. less than 1/6 of the daily requirement present in a quantity that would be consumed in one day	Bottlers to be communicated with
B4984	Fruit Salad	Irregularities in composition when compared with the Code of Practice for Canned Fruit and Vegetables	Further samples satisfactory
B4994/C	Sterilised Milk	Contained foreign matter which had a lignified structure typical of wood	Dairy informed
B5002	Apple Drink	The "low calorie squash" contained 10.4 calories per fluid ounce which is greater than the limit of 7.5 calories permitted under the Soft Drinks Regulations, 1964	No immediate action as there appears to be many of these concentrated fruit drinks on the market which do not comply with the Regulations. It is hoped that this will be taken up with the Ministry by the Association of Public Analysts
B5008/C	Brown Ale	There was a thick skin of mould growth approximately 1 inch x 0.3 inches present in the bottle	Brewery informed
B5017/C	Sausage	The acid value of the fat extracted from the sausage was 8.2 indicating that a considerable level of rancidity had developed	Butcher interviewed
B5025 B5059	Curry Paste Analgesic Tablets	Labelling irregularity Container did not satisfy the BS "Effectiveness of Closure Test"	Packers notified Further samples taken see B5171



Serial Number	Description	Nature of adulteration or irregularity	Remarks
B5068	Orange Drink	Insufficiently labelled	Dairy notified: label to be amended
B5089/C	Lemonade	Contained some algae growth	Representative interviewed and cautioned
B5135/C	Corned Beef	Corned beef had undergone deterioration and can was corroded	Manufacturers notified. Stocks examined
B5137/C	Soft Drink	Contained a deposit which on examination was found to be a yeast-like growth	Manufacturers notified
B5147/C	Sliced Loaf	Contaminated extensively with mould; a piece of emery cloth was also present in the loaf	Bakery given severe warning
B5156/C	Pressed Ham	Ham was rancid	Consignment condemned
B5171	Analgesic Tablets	Nine out of ten of the containers submitted did not satisfy the British Standard "Effectiveness of Closure" test for metal containers	Manufacturers notified
B5192/C	Chocolate	Contained an insect which was identified as the larva of the Flour Moth – Ephestia Kuhniella	Sample had been purchased in another area. Appropriate authority notified
B5203	Curry Sauce Mix	Labelling irregularity	Further sample taken which was satisfactory
B5211	Halibut Liver Oil Capsules	Vitamin A activity per capsule was only 3,700 units compared with minimum requirements of 4,000 units	Expiry date had elapsed. Pharmacist notified. Further stocks examined
B5228	Blackcurrant flavour drink	Labelling irregularity	Action pending whilst further samples examined
B5233/C	Baked Beans	Beans putrid due to can having a faulty seam	Canners interviewed
B5234/C	Two slices of bread	Fly present in sample	Bakers interviewed and cautioned

## Pasteurised Liquid Eggs

All liquid egg for sale for human consumption, other than that broken on a food manufacturers premises, must be pasteurised to destroy any harmful micro-organisms that may be present.

The Liquid Egg (Pasteurisation) Regulations, 1963, specify the conditions necessary to effect pasteurisation and also prescribe a test – the alpha amylase test – to be used to show that the treatment has been satisfactory. The test is very sensitive and stringent precautions must be followed when cleaning the sampling and testing equipment to ensure that it will not give rise to anomalous results.

During 1968, 53 liquid egg samples were taken and submitted to the alpha-amylase test. All the samples were satisfactory.

## FERTILISERS AND FEEDING STUFFS ACT, 1926

Under the Fertilisers and Feeding Stuffs Act, 1926, the sale of fertilisers and feeding stuffs must be accompanied by a statement giving certain particulars of composition. For example, with compound fertilisers the amounts, if any, of nitrogen, potash, phosphoric acid soluble in water and phosphoric acid insoluble in water must be given; for compound feeding stuffs the amounts, if any, of oil, protein and fibre must be given.

The amounts of these constituents present in the articles must agree within slight limits of variation, with the declared particulars. Failure to do so is liable to result in a prosecution under the Act.

Samples are examined to see that they do comply with these and other provisions of the Act.

Seven samples of fertiliser were examined during the year, all of which were satisfactory.

No feeding stuffs were submitted.

## MISCELLANEOUS SAMPLES

### Swimming Bath Waters

Various techniques are in use for the chlorination treatment of swimming bath waters but the one generally recognised as the most efficient way of maintaining the water in a satisfactory bacteriological condition is known as the breakpoint method of chlorination. This method is designed to ensure, as far as possible, that the chlorine in the water is present in the free state, and not as chloramines (chlorine combined with organic matter). Thus a much higher concentration can be tolerated without undue irritation and unpleasant odour and the chlorine is readily available for immediate attack on any fresh impurities which are introduced into the water.

Samples are taken at some of the swimming baths in the City to check that an efficient treatment is being maintained. During the year under review 40 samples were taken for this purpose.

#### Contract Samples

These are samples of various commodities used by Salford Corporation and are submitted by the appropriate committee to see that they conform to specification and to ensure that satisfactory products are obtained at competitive prices.

224 samples were examined during 1968, including synthetic detergents, soaps, polishes, scouring powders, sweeping compounds, metal polish, turpentine substitutes, bleaching solution and various foodstuffs.

#### Pharmacy and Poisons Act Samples

Under the Pharmacy and Poisons Act 1933 it is the responsibility of certain local authorities by inspection and otherwise to secure compliance by listed sellers with the provisions of Part II of the Act and of Rules made thereunder insofar as they relate to poisons listed in Part II of the Poisons List.

Two samples only were submitted for examination under the Act, and both were found to be satisfactory.

#### Other Miscellaneous Samples

Samples in this category included the following:—

Potable waters:	Analysed as a routine check on the water quality or as a result of complaints—mainly of chlorinous odour or the presence of a brown deposit due to the ferruginous deposit in the water mains having been disturbed.
Water percolating into cellars or sub-floor cavities:	Analysed to ascertain the source of the water.
Painted toys:	Submitted under the Consumer Protection Regulations to determine the content of toxic metals in the paint.
Ladies dress:	Submitted under the Trade Descriptions Act.
Stomach washings:	Examined for the presence of pesticide formulations.
Petrol/oil mixture:	Examined on behalf of the Weights and Measures Department to determine the ratio of petrol to oil.
Liquid from Carboy:	This had been left in a disused bakery and was identified as a solution of acetic acid.



Cellulose paint aerosol spray :	Examined for flammability on behalf of the Weights and Measures Department.
Plaster from block of flats :	The discoloration was found to be due to mould growth and not the presence of bitumen as thought.

### AIR POLLUTION

The two main contaminants of urban air are smoke and sulphur dioxide. Since the Clean Air Act 1956, efforts have been made to reduce pollution of the air by smoke, and to a lesser extent, by sulphur dioxide by introducing Smoke Control areas.

Salford together with many other local authorities has for a number of years been participating in the National Survey of Air Pollution in collaboration with Warren Spring Laboratory of the Ministry of Technology. In this survey the smoke and sulphur dioxide concentrations are measured daily at various sites in the City.

Since May results have been obtained from an instrument set up at Trinity Centre in addition to the other four sites, Encombe Place instrument having ceased to operate after December 1967.

The results for 1968 are given in the following tables :—

TABLE 6

## Smoke Pollution

Average daily readings for the different months of the year

Readings expressed as microgrammes per cubic metre of air

Month 1968	Site				
	Regent Road	Cleveland House	Police Street	Murray Street	Trinity Centre
January	573	188	298	303	—
February	548	212	415	414	—
March	416	133	232	222	—
April	335	100	188	170	—
May	233	76	160	162	114
June	184	51	86	73	59
July	156	54	93	84	70
August	131	28	81	111	42
September	214	64	108	75	73
October	416	106	189	147	136
November	389	164	337	171	201
December	473	189	335	214	277
Daily average for the whole year	339	114	210	179	121

Average for 1967	305 (wtd)	135	251	263	194	} Encombe Place
1966	352	119	237	254	149	
1965	319	171	278	270	200	
1964	406	208	318	289	255	
1963	421	246	356	300	286	
1962	512	300	408	333	331	

Overall Average 1968 — 193  
1967 — 229  
1966 — 230  
1965 — 254  
1964 — 298  
1963 — 320  
1962 — 377

TABLE 7

## Sulphur Dioxide Pollution

Average daily readings for the different months of the year

Results expressed as microgrammes per cubic metre of air

Month 1968	Site				
	Regent Road	Cleveland House	Police Street	Murray Street	Trinity Centre
January	312	101	301	289	—
February	396	176	450	388	—
March	260	129	263	210	—
April	221	127	189	167	—
May	191	122	231	161	105
June	153	73	129	119	113
July	128	53	139	114	130
August	107	44	99	79	86
September	137	64	125	113	115
October	195	76	158	155	138
November	228	140	269	207	233
December	358	157	219	262	315
Daily average for the whole year	224	105	214	189	154

Average for 1967	210 (wtd)	108	252	216	191	} Encombe Place
1966	309	164	283	263	239	
1965	315	163	293	259	302	
1964	361	170	319	275	311	
1963	385	189	358	303	344	
1962	439	193	367	300	356	

Overall Average 1968 — 177  
1967 — 197  
1966 — 252  
1965 — 279  
1964 — 296  
1963 — 316  
1962 — 331



TABLE 8  
Smoke/Sulphur Dioxide Ratio

Year	Site				
	Regent Road	Cleveland House	Police Street	Murray Street	Trinity Centre
1962	1.17	1.55	1.11	1.11	—
1963	1.10	1.30	1.00	0.99	—
1964	1.12	1.22	1.00	1.05	—
1965	1.01	1.05	0.95	1.04	—
1966	1.14	0.73	0.84	0.97	—
1967	1.45	1.25	1.00	1.22	—
1968	1.51	1.08	0.98	0.95	0.79*

\* 8 months only.

# DOMICILIARY MIDWIFERY SERVICE

## STATUTORY SUPERVISION OF MIDWIVES

### MIDWIVES ACT, 1951

#### Notification of Intention to Practise

In accordance with the provision of the above Act, the number of midwives who notified their intention to practise was as follows:—

(a) Institutional	64
(b) Domiciliary	37
(c) Private Practice	1
Total	<u>102</u>

#### Compulsory Post-Graduate Courses

In accordance with the rules of the Central Midwives Board, midwives have continued to attend at least once in every five years, courses arranged for post-graduate instruction.

#### Attendance by Salford midwives, 1968:—

(a) Institutional	8
(b) Domiciliary	3
(c) Supervisory	0

#### Miscellaneous Notifications

(as required by the rules of the Central Midwives Board)

Notification	Domiciliary	Private Practice	Total
Stillbirths	4	—	4
Death of Mother/Baby	—	—	—
Infection	1	—	1
Medical Aid	916	—	916

Doctor booked and present at delivery	35
Doctor booked, not present at delivery	533
Doctor not booked, present at delivery	—
Doctor not booked, not present at delivery	1
Delivered in G.P. Unit — doctor present	28
doctor not present	137
	<hr/>
Total Births	734



Domiciliary formed	18%	} i.e. 23% of total Salford births
G.P. Unit formed	5%	

## COMPARATIVE STATISTICS

	1968	1967	1966	1965	1964
Live Births					
Domiciliary	566	770	885	1,108	1,207
G.P. Unit	164	161	20	—	—
Still Births					
Domiciliary	3	2	5	4	2
G.P. Unit	1	—	—	—	—
Total	734	933	910	1,112	1,209

Number of nursing visits following delivery	12,598	(14,159)
Number of nursing visits for hospital discharge	10,067	(8,732)
Number of discharges from hospital under 10 days	1,506	(1,003)
Number over 10 days requiring midwife (excluding premature babies)	272	(126)

## COMPARATIVE SUMMARY OF WORK 1958 — 1968

	1958	1968	Increase	Decrease
1. Ante-natal clinic sessions per week				
(a) Local authority	10	7	—	30%
(b) % G.P. surgery	1	13	1,200%	—
2. Ante-natal home visits	6,558	8,673	31%	—
3. Visits to discharges from hospital (not recorded as a separate figure until 1960)	906 first available figure (1960)	10,067	1,010%	—
4. Domiciliary delivered	1,252	734	—	41.3%
5. Delivered in G.P. Unit (attended throughout by midwife)	—	165	—	—
6. Home investigation for home or hospital delivery	202	267	32%	—

The preceding table indicates the changes in work involvement of the midwife during the last decade and shows clearly that establishment can no longer be assessed on actual deliveries per midwife per year.

Whilst the birth rate in Salford has decreased, mothers delivered in hospital are returning home in the early post-natal period under the care of the domiciliary midwife (see (3) of chart - 1,010% increase). These mothers frequently return to unprepared homes and in any case cannot adapt the techniques of hospital to their kitchens and surroundings without considerable time-consuming instruction from the midwife.

The overall increase in attendance by midwives at ante-natal clinics which has come about as a result of attachment to general practitioners, means that the midwives' working hours have been extended. In the past, a midwife who had been up for a delivery during the night was able to snatch a few hours of sleep after completing her nursing visits; now, she usually has to proceed to either a local authority or doctor's ante-natal clinic.

## (2) Analgesia

	Number of Mothers
Pethidine	475
Trilene	458
Nitrous oxide and oxygen (Entonox machine available in G.P. Unit from December 1968)	4
% of inhalation analgesia per total births	75%
% of analgesia (all types) per total births	82%

## (3) General Practitioner (Short Stay) Maternity Unit

### STATISTICS - BOOKINGS (SALFORD ONLY) JANUARY - DECEMBER, 1968

MONTH	Booked	Delivered in unit	Transferred from unit to hospital before delivery	Delivered at home (labour too advanced to move)	Booking transferred to hospital in pregnancy or early labour (from home)	Cancelled booking in favour of home confinement	Aborted	Moved from area	Transferred through to Hope Hospital from unit after delivery
January	22	10	1	5	4	-	1	1	-
February	24	12	-	2	6	-	2	2	1
March	29	15	3	-	8	1	2	-	2
April	29	16	2	3	8	-	-	-	-
May	25	15	2	2	4	-	1	1	-
June	24	11	2	5	5	1	-	-	-
July	26	14	1	5	5	-	1	-	-
August	27	19	-	3	4	-	1	-	-
September	24	15	-	4	3	1	-	1	-
October	24	12	-	6	4	2	-	-	-
November	22	12	1	2	3	-	1	3	2
December	30	15	2	1	7	2	-	3	-
Total	306	166	14	38	61	7	9	11	5

Therefore, 42% of mothers booked were not admitted to Unit.

## TOTAL BIRTHS IN G.P. UNIT DURING 1968

Salford Mothers	165	(161)
Lancashire Mothers	152	(116)
Total	<u>317</u>	<u>(272)</u>

## (4) Stillbirths

## DOMICILIARY BOOKINGS

Comparative statistics	Number of stillbirths (born at home)	Rate per 1,000 Registered births
1963	12	9.9
1964	2	1.25
1965	4	3.5
1966	5	5.05
1967	2	2.2
1968	4	5.3

## SUMMARY OF STILLBIRTHS

Delivered at Home	Presentation	Gestation	Weight	Remarks
1. Postmaturity	Vertex	42 weeks	6.10	I.U.D. during labour P.M. Report
2.	B.B.A.	? 40 weeks	6.4	Precipitate Labour P.M. Nil significant Rh - No antibodies
3. Intra-uterine death	? Cephalic Vertex	40 weeks	6.4	Macerated stillbirth
Delivered G.P. Unit				
1.	Vertex	40 weeks	9.0	Delayed 2nd stage Forcep delivery Fresh stillbirth
Booked for Home confinement and delivered in hospital	Reason for Transfer			Number
	Foetal Abnormality			3
	Ante-partum Haemorrhage			3
	Breech Presentation			1
	Prematurity			1



## (5) Neo-natal Mortality

## DOMICILIARY BOOKINGS

Deaths from Birth up to 28 days	Cause of death	Age at Death
Born at home : admitted and died in hospital (4)	(1) Prematurity	11 hours
	(2) Congenital Heart	27 hours
	(3) Pneumonia and birth anoxia	23 hours
	(4) Diaphragmatic Hernia	3 hours
Born G.P. Unit : admitted and died in hospital (1)	(1) Congenital Heart disease	2 days
Booked for home delivery : transferred to hospital before delivery and died in hospital (7)	Reason for transfer and cause of death	
	(1) Delay in labour. Congenital Heart disease	1 month
	(2) Obstetrical history died – dysmaturity	1 day
	(3) Premature labour	10 hours
	(4) Premature labour	7 days
	(5) Premature (breech) labour	5 hours
	(6) Premature labour	23 hours
	(7) Premature labour died congenital heart lesion	7 days
Booked G.P. Unit transferred to hospital before delivery and died in hospital (3)	(1) Prematurity	2 hours
	(2) Prematurity	7 hours
	(3) Twin pregnancy + prematurity – 2nd twin died	2 days

## 6. Puerperium

Infection	Hospital	Domiciliary	Total
Puerperial pyrexia (Rescinded September 1968)	3	1	4
Ophthalmic Neonatorum	3	—	3
Pemphigus Neonatorum	—	—	—

Causes of Pyrexia were as follows :—

Infection	Hospital	Domiciliary	Total
Uterine Infection	1	1	2
Urinary Infection	1	—	1
Chest Infection	1	—	1

### SPECIAL CARE SERVICE

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died				
Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days			
1. 2lb. 3oz. or less	12	10	2	-	-	-	-	-	-	-	-	-	2	-
2. Over 2lb. 3oz. up to an including 3lb. 4oz.	8	1	-	2	-	-	-	-	-	-	-	-	14	-
3. Over 3lb. 4oz. up to an including 4lb. 6oz.	52	5	4	-	-	-	-	-	1	-	-	-	7	-
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	45	1	2	1	4	-	-	-	3	1	-	-	2	-
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	120	2	1	1	18	-	1	-	1	-	-	-	6	-
6. Total	237	19	9	4	22	-	1	-	5	1	-	-	31	-

Number of babies visited — born at home

29

born in hospital

159

Total number of visits made

2,896

**(7) Student Training**

Student midwives who completed training during 1968 :—

(a) Completed on the district	10
(b) 3 months hospital and 3 months district	16
Total	<u>26</u>

Students from Hospital given external experience :—

(a) Obstetric Nurse training	62
(b) Paediatric "Special Care" Course	12



# CARE OF MOTHERS AND YOUNG CHILDREN

## STATISTICS

The figures in this section are compiled locally from the birth notification records and they do not necessarily correspond exactly with the figures which are supplied and published by the Registrar General and which are based on the registration of births and deaths.

### Births

During the year, 4,545 live birth notifications were received; of these 265 notifications referred to infants born outside the City to Salford residents. There were also 81 stillbirth notifications, of which 3 occurred outside the City to Salford residents.

The adjusted births for Salford were 2,760 live births and 52 stillbirths: these figures when related to the estimated figure for the mid-year population (supplied by the Registrar General) give the following rates:—

Live birth rate — 19.74 per 1,000 population

Still birth rate — 18.49 per 1,000 live and stillbirths.

The figures for 1967 were 19.97 and 17.15 respectively.

The number of notified births in hospitals or other institutions was 3,994 and this figure includes 316 births which occurred in the General Practitioner Unit at Hope Hospital. The adjusted figure (following registration of the births) gives a total of 2,184 institutional births for Salford residents of which 163 occurred in the G.P. Unit. The percentage of institutional births for Salford residents is 77.7.

During the past 10 years there has been a gradual rise in the proportion of institutional deliveries and this was accelerated in 1967 when the new General Practitioner Unit became fully operational. The improved facilities at Hope Hospital are also available to people in areas adjoining Salford and this has resulted in an increase in the clerical work which has to be done in relation to birth notifications and the transfer of this information to other Medical Officers of Health.

The statistics for institutional confinement (Salford residents) over the past 10 years are given below:—

Year	Percentage of Institutional Births
1958	58.5
1959	60.9
1960	61.5
1961	61.7
1962	58.9
1963	62.2
1964	62.0
1965	64.5

Year	Percentage of Institutional Births
1966	68.6
1967	74.0
1968	77.7

### Illegitimate Births

The Registrar General has supplied the following information (based on birth registration figures):—

Number of illegitimate male births	— Live	228
	Still	5
Number of illegitimate female births	— Live	220
	Still	7
	Total	<u>460</u>

The proportion of illegitimate births is 16.5 per cent.

### Infant Deaths

During the year there were 70 infant deaths (i.e. deaths under the age of 1 year) and the infant mortality rate is 25.36 per 1,000 live births. Unfortunately this figure is higher than in 1967 (23.0 per 1,000 live births) but it is still considerably below the figure for 1966 (31.4 per 1,000 births).

The age distribution of infant deaths shows the same general pattern as in previous years. There were 38 deaths in the first 7 days of life, giving an early neonatal mortality rate of 13.76 per 1,000 live births; there were 43 deaths in the first month of life, giving a neonatal mortality rate of 15.57 per 1,000 live births; and there were 27 infant deaths during the remaining eleven months of the first year of life.

During the year there were 52 stillbirths, giving a stillbirth rate of 18.49 per 1,000 registered births, and the total perinatal loss (i.e. stillbirths and deaths during the first week of life) was 90, giving a perinatal mortality rate of 32.0 per 1,000 registered births.

The following table shows the age distribution of the infants' deaths and the death rates:—

Age	Number of Deaths	Age Specific Death Rate			
Stillbirths	52	Stillbirth rate 18.49 per 1,000 registered births	90 perinatal deaths Perinatal mortality rate 32.0 per 1,000 registered births 38 early Neonatal deaths Death rate 13.76 per 1,000 live births 43 neonatal deaths Death rate 15.57 per 1,000 live births 70 infant deaths Death rate 25.36 per 1,000 live births		
Deaths under 24 hours	28				
Deaths 1 to 6 days	10				
Deaths 7 to 27 days	5				
Deaths 1 to 11 months	27				

A comparison with the figures for 1967 shows that whilst the improvement in the numbers of deaths in the earlier days and weeks of life which was noted in 1967 has been maintained, there has been a great increase in the number of deaths between 1 and 11 months of age. In 1967 there were 17 deaths in this age group of which 13 were due to respiratory disease and there was one death in each of four other categories; in 1968 there were 27 deaths of which 14 were due to respiratory disease, 4 were due to congenital malformation, and 3 were due to gastro enteritis.

It is interesting to note that in both 1967 and 1968 all the deaths due to respiratory disease occurred in infants under eight months of age, with the heaviest mortality occurring during the 2nd and 3rd months of life. It must be emphasised once again that respiratory symptoms in young children are important and that a child with such symptoms needs skilled medical attention.

#### Deaths 1 to 4 Years of Age

There were 11 deaths in the age group 1 to 4 years and the table below shows the age distribution and causes of death :—

Cause of Death	1 year	2 years	3 years	4 years	Total 1 to 4 years
Congenital malformation	2	—	—	3	5
Malignant disease	—	—	—	1	1
Respiratory disease	—	2	—	—	2
Accident	—	2	—	—	2
Other causes	1	—	—	—	1
TOTALS	3	4	—	4	11



The number of deaths during the year is considerably smaller than the number of deaths in the same age group in 1967 (19 deaths) and I am happy to report that no child under the age of 5 years was killed in a road accident. The principle causes of death were congenital malformation (5), respiratory disease (2), accident (2 deaths by drowning), and this year there was only one death due to malignant disease.

It is difficult when the numbers are small to see any trends developing but it is interesting to note the increasing importance of congenital malformation as a cause of death in the 1 to 4 year olds. In 1965 no deaths in this age group were attributed to congenital malformation but in 1966 there were 2 deaths and in 1967 there were 3 deaths.

This year there are five deaths in this category, and it would appear that in spite of major advances in the treatment and care of the severely disabled child such children remain more vulnerable and at greater risk than normal children.

#### Maternal Deaths

During the year there was one maternal death and the maternal mortality rate is 0.35 per 1,000 registered births. The death was investigated by the Coroner and the registered cause of death was Pneumothorax caused by resuscitation following anaphylactoid reaction to an injection of Soluvone during labour.

Every maternal death is a tragedy and in this particular case three young children were left motherless.

#### REGISTER OF CONGENITAL MALFORMATIONS

The register of congenital malformations has been kept by the local health authority since 1964 and has now been in use for five years. There has been no major alteration in the method of collecting information for this register, and we continue to rely in the first instance on the birth notification cards completed by the midwives. Information also comes to us from hospital discharge slips and the weekly death sheets received from the local registrar. We feel confident that we are informed of the vast majority of the more important malformations but the frequency with which certain minor malformations is diagnosed depends on the particular interest and enthusiasm of the hospital medical staff, e.g. in 1964 and 1965 there appeared to be a very high incidence of glandular hypospadias but with the departure of the paediatric house surgeon this congenital malformation practically disappeared, and in 1968 no Salford child was reported to be affected.

The total number of malformed infants notified during 1968 is 85 and of these, 14 children were stillborn. On discharge from hospital, 37 severely disabled children were placed on the Handicapped Register and 22 children with minor malformations were put on the 'At Risk' register.

The following table shows the number of notifications received, divided into categories, and also shows the number of live births, the number of still-

births, and the arrangements, for follow up. (Children who have more than one malformation are included in the category of the major defect).

Category	Total	Live Births	Still Births	Neo-natal Deaths	Follow up on discharge from Hospital	
					Handi-capped Register	At Risk
0. Central Nervous System	23	13	10	2	9**	2
1. Eye and Ear	2	2	—	—	1	1
2. Alimentary System	8	7	1	3	4	—
3. Heart & Great Vessels	8	8	—	5	3	—
4. Respiratory System	—	—	—	—	—	—
5. Urogenital System	3	3	—	—	—	3
6. Limb Defects	24	24	—	—	17*	7
7. Other Skeletal Defects	1	1	—	—	—	1
8. Other Systems	11	9	2	1	—	8
9. Other Malformations	5	4	1	1	3	—
TOTALS	85	71	14	12	37	22

\*\* 2 infant deaths at 4 months and 5 months of age.

\* 1 infant death at 1 month of age.

The total number of stillbirths in 1968 was 52 and of this number 14 i.e. 27% were malformed: the total number of infant deaths in 1968 was 70, and of this number 15 (i.e. 21%) were malformed. From a different point of view we find that the infant mortality rate and the stillbirth rate for the general infant population are 23.6 per 1,000 and 18.49 per 1,000 respectively (see above) but these rates are increased enormously when applied to the highly selected group of children with a congenital malformation. In our group of 85 children the stillbirth rate is 16.4 per 100 and the infant mortality rate is 21 per 100.

It is obvious that if we are to improve our infant mortality figures, there must be more research into the causes and prevention of congenital malformation and there must be increased facilities for genetic counselling readily available to all, but particularly accessible to people who come from families into which a malformed child has been born.

### 'AT RISK' REGISTER

The 'At Risk' Register is still maintained in this department and at the year end there were 625 children on the register. During the year there were 359 new names added to the register. The number of children removed from the register was 67 and the reasons for removing the children's names from the register were

Death – 3 children

Transferred to Handicapped Register – 9 children

Removal to an unknown or non-Salford address – 55 children.

It has been said that keeping an 'At Risk' register will enable the handicapped child to be identified earlier in childhood. Our experience with this register does not confirm this opinion. During 1968, 9 children born in 1967 or 1968 were transferred to the Handicapped Register and in addition 5 children whose names were included on the 'At Risk' registers of 1964, 1965, and 1966 were diagnosed as handicapped and transferred to the appropriate register. The 14 handicapped children who were thus identified represent only 15.5 per cent of the total number of handicapped children identified during 1968.

A very great deal of professional, medical and nursing time is spent maintaining the 'At Risk' register and following up the children on the register, but it must be emphasised once again that the available resources should be deployed in such a way that all children are regularly reviewed and examined and that children said to be 'At Risk' do not monopolise the Child Health Services.

### REGISTER OF HANDICAPPED CHILDREN

At the year end there were 341 children on the Handicapped register. During the year 90 new notifications were received: 135 children's names were removed from the register and a total of 476 handicapped children were followed up and supervised by the staff of the Health Department.

The following table shows the number of children on the register and the number of new notifications received during the year divided into categories.



Category	New notifications during 1967	Total number on the register at 31st December, 1968
Blind	1	1
Partially sighted	2	12
Other eye defects	—	1
Deaf	—	—
Partially hearing	1	2
Delicate (respiratory)	1	8
Delicate (circulatory)	11	38
Delicate (digestive)	6	28
Delicate (urogenital)	—	12
Delicate (other)	7	25
Epileptic	3	6
Convulsions	4	9
Mentally retarded	14	46
Cerebral palsy	6	10
Organic diseases of central nervous system	9	34
Orthopaedic defects	22	91
Other conditions e.g. cleft palate	—	14
Socially handicapped	—	1
Speech defects	3	3
TOTALS	90	341

The number of children with multiple handicaps is 24 and these children are included in the above table in the category of the major defect.

The sources of new notifications are :—

the Register of Congenital Malformations (37 children),

the 'At Risk' register (14 children),

Hospital discharge letters and Health Visitor notification slips.

The children are followed up at regular intervals by the members of the Health Visiting staff. Children who appear to be so severely handicapped that special educational treatment may be required are notified to the Principal School Medical Officer so that assessment of the children's educational needs can be made at an early stage. The number of children notified to the Principal School Medical Officer was 51, of whom 11 children were also notified to the Mental Health Section of the Health Department and were put on the waiting list for the Margaret Whitehead School.

During the year arrangements were made for 8 children to attend Nursery Schools, 1 child to attend a Special school for physically handicapped children, 9 children to attend the Training Centre, and 3 children were received into permanent hospital care or into the care of the Children Department.

The delay in opening the Margaret Whitehead School has continued to cause anxiety and frustration and children who need to go to this school have had to remain on the waiting list for another year.

The number of children removed from the register is 135: of this number 81 children reached the age of 5 years, 7 children were considered as cured, 11 children died, and 36 children removed to addresses outside Salford.

The table below shows the type of education which the five year old children are receiving at the time this report is being written:—

Ordinary Day School	46
Day Open Air School	10
Day School for Physically Handicapped pupils	6
Diagnostic Unit	4
Class for Partially Sighted pupils	2
Day School for Deaf pupils	1
Day Training Centre	11
Permanent Hospital Care	1

As an experiment in the co-ordination and co-operation of the Health Department's services with hospital services, the Senior Medical Officer in charge of the Special Registers attends the Assessment Unit at the Royal Manchester Children's Hospital one afternoon per week. This visit enables the doctor to keep in close contact with the medical staff at the hospital and to discuss the problems and progress of handicapped children with the professional staff of the Unit. In addition the doctor is able to participate in the clinical examination of the children and to advise on local authority services which are available in particular cases. These visits also enable the doctor to keep in close contact with the rapidly expanding field of developmental medicine.

#### ANTENATAL CLINICS

The number of expectant mothers who attended the local authority antenatal clinics was 832. The number of new patients was 653 and the total number of attendances at the clinics was 4,952. The two latter figures show a fifteen per cent reduction when compared with the figures for 1967, and the figure for the number of expectant mothers attending the clinics shows a 20 per cent drop.

The fall in the number of individual antenatal mothers attending the clinics and the number of total attendances has affected every single clinic without exception, but at Trinity Centre there was a fall of 40 per cent in the number of individuals attending the clinic and at Kersal Centre the number of individuals and the number of total attendances both fell by 50 per cent.

The following table shows the number of clinic sessions, the numbers of individuals, new patients and total attendances at each clinic, and the number of medical consultations. The figures for 1967 are given in brackets for comparison.

There is no doubt whatsoever that the General Practitioner Midwife attachment scheme which now operates in Salford has made a tremendous impact on the local authority antenatal clinics and it appears quite obvious that the number of patients requiring the facilities of the local authority clinics will continue to decline.

No local general practitioner uses the local authority premises for his own antenatal clinic and the local authority does not hold postnatal clinics; postnatal examinations can however be carried out by the doctor at the medically staffed clinics if requested. During 1968, no postnatal examinations were made.

#### Blood Testing at the Antenatal Clinics

During the year, 587 blood specimens were sent from the local authority antenatal clinics to the Central Serological Laboratory at Withington Hospital for Wasserman testing. Only 3 specimens were reported positive, and in each case further investigations revealed that the positive report was of no significance.

In addition, 1,154 specimens were sent to Hope Hospital Pathology Laboratory for haemoglobin estimations and 515 specimens were sent to the same laboratory for Rhesus testing. In the latter case, 426 specimens were reported Rhesus positive and 89 were reported Rhesus negative. As one would expect from the decline in the number of patients attending the Antenatal Clinics there has been a corresponding fall in the numbers of blood specimens sent to the hospitals for testing.

The special Rhesus clinic continued to operate at Regent Road Clinic on a fortnightly basis. All patients who were reported Rhesus negative by Hope Hospital laboratory and all patients known to be Rhesus negative following tests in previous pregnancies, were offered appointments at the Rhesus clinic. The number of expectant mothers who attended this clinic was 146 and the number of defaulters was 15. The number of mothers whose blood was confirmed as Rhesus negative was 98 and the remaining 48 mothers were found to be Rhesus positive. Fifty-one of the mothers attended the clinic for antibody tests at the 32 week of pregnancy and one father also attended the clinic for testing at the request of the Regional Transfusion Centre. Seven patients were found to have Rhesus antibodies (3 ANTI-D and 4 ANTI-E) and in each case the patient was referred to the family doctor so that arrangements could be made for hospital treatment.



# ATTENDANCES AT ANTENATAL CLINICS - 1968

Clinic	No. of sessions weekly	Total individuals attending	Total Attendances	New Patients	Consultations by	
					Local Authority Medical Officers	General Practitioners
Kersal	1	56 (112)	281 (563)	43 (78)	— (49)	— (54)
Langworthy	1	197 (233)	1,192 (1,249)	156 (174)	— (36)	240 (249)
Murray Street	2	296 (336)	1,661 (1,781)	229 (248)	28 (30)	344 (379)
Regent	1	142 (207)	879 (1,100)	114 (151)	9 (191)	171 (46)
Summerville	1	93 (99)	675 (699)	73 (71)	124 (123)	— (10)
Trinity	1	48 (83)	264 (385)	38 (51)	— (49)	— (—)
TOTALS 1968	7	832	4,952	653	161	755
TOTALS 1967 (for comparison) To 28.2.67 From 1.3.67	8 7	(1,070)	(5,777)	(773)	(478)	(738)

## CHILD HEALTH CLINICS

The statistics show that there has been a further decline in the total number of attendances at the clinics, the number of individual children who attend, the number of new attenders, the number of medical consultations and the number of referrals for treatment or investigation. The clinics are not, however, equally affected and, in fact, Cleveland Clinic and Regent Road Clinic both show increased attendances and a rise in both the numbers of individuals attending and new cases. Trinity Centre, too, shows an increase in the number of individuals attending, although there has been a slight drop in the number of new cases and a slight drop in the number of total attendances. The overall picture, however, is one of gradually reducing demand for Child Health Clinics on local authority premises and during the year reductions were made in the number of sessions held at the less-busy Clinics.

The fall in attendances at the clinics must be related in part at least to the increasing number of general practitioners who, encouraged by the G.P. Health Visitor attachment scheme, now hold "Well Baby" Clinics on their own premises for the babies in their own practices.

The following table is compiled from statistics collected at the clinics and incorporated in the table is a comparison with 1967.

Medical staffing at the Child Health Clinics has been maintained throughout the year at the same level as during the month of December, 1967, i.e. six sessions per week, but the total number of medically-staffed sessions has fallen by 18% compared with 1967 as a whole and there has been a fall of 20% in the number of medical consultations. The number of referrals for investigation or treatment has, however, fallen by only 18 cases from 410 to 392. In each age group the proportion of children who are referred elsewhere after a medical consultation is higher than in 1967 and it is obvious that many mothers use the local authority clinics as an alternative to the family doctor's surgery when they are worried about their children. This is particularly noticeable in the over 2 years age group where almost one quarter of the children attending the clinic were referred elsewhere for treatment.

CHILD HEALTH CLINIC STATISTICS FOR 1968  
(Statistics for 1967 in brackets)

Clinic	No. of Weekly Sessions	Total No. of Clinic Sessions	Attendances	Individuals	New Cases	Consultations	Referrals
Cleveland	2	97	2,608 (2,264)	358 (352)	150 (154)	— (189)	— (16)
Kersal	2	102	1,806 (2,259)	347 (409)	128 (154)	328 (418)	32 (44)
Langworthy	4	198	6,547 (6,927)	1,357 (1,332)	539 (624)	661 (944)	73 (104)
Murray Street	3 until May	115	3,377 (3,942)	920 (971)	541 (614)	397 (494)	52 (56)
Police Street	2 onwards	70	1,694 (2,075)	385 (452)	177 (213)	382 (482)	19 (32)
Regent Road	2 until May	121	3,679 (2,797)	1,003 (678)	527 (377)	682 (493)	140 (67)
Summerville	1 onwards	70	1,890 (2,001)	318 (336)	143 (137)	— (79)	— (7)
Trinity	2	99	2,011 (2,030)	441 (424)	188 (200)	348 (399)	68 (50)
Premature Baby	1 Alt. weeks	23	61 (74)	*14 (21)	14 (21)	59 (74)	8 (—)
*Plus 21 babies attending other clinics			† Other (1,616)	† Other (318)	† Other (156)	† Other (276)	† Other (34)
TOTAL AT YEAR END	16½	895	23,673 (25,985)	5,143 (5,293)	2,407 (2,650)	2,857 (3,848)	392 (410)
Removed out in 1968				299 (319)			
Clinic Attenders died in 1968				5 (6)			
Attended and reached 5 years in 1968				79 (110)			
GRAND TOTALS	16½ (22½)	895 (1,094)	23,673 (25,985)	5,526 (5,728)	2,407 (2,650)	2,857 (3,848)	392 (410)

† i.e. Ordsall Clinic — closed 30.9.67.



The following table shows the age distribution of children who attended for a medical consultation and the proportion of children who were referred for treatment or investigation:—

Age Group	No. of Medical Consultations	% of Total Clinic Attendances	Referral elsewhere after Consultation	% of Medical Consultations referred elsewhere
0 – 1 years	762	8.3	75	9.8
1 – 2 years	1,178	13.0	110	9.3
2 – 5 years	917	16.8	207	22.6
TOTAL 0 – 5 years	2,857	12.1	392	13.7

The percentage of children under five years of age who attended the clinics during 1968 is 45.9.

The number of children in the general population in each age group, the number of children who attend the clinics and the proportion of clinic attendances is shown in the table below :

Age Group	Estimated Salford population at December 31st	No. of individuals attending during year	% of age group attending clinic	Total No. of attendances during year	Average No. of attendances per child attender
0 – 1 years	2,590	1,582	61.0	9,140	5.8
1 – 2 years	2,500	1,737	69.0	9,070	5.2
2 – 5 years	6,944	2,207	31.8	5,463	2.5
0 – 5 years	12,034	5,526	45.9	23,673	4.3

In each age group the population of clinic attenders is lower than in 1967 but the fall is most marked in the 0 to 1 year old age group (66.6% in 1967 compared with 61.0% in 1968) and this may be related to the increasing number of infants who are born in Hope Hospital and who subsequently attend the Hope Hospital Neo-Natal Clinic.

The Paediatric Consultant Clinic, staffed by a hospital Paediatric Consultant was held at Langworthy Centre on 27 occasions during the year. The number of attendances at this clinic by children under 5 years of age was 41. In conjunction with this specialist clinic, the Premature Baby Clinic for children born at home and weighing less than 5½ lb. at birth was also held at Langworthy Centre on alternate Wednesday mornings. The number of children attending this Clinic was 35.

During the year, 1,713 children under the age of 5 years removed from their Salford homes to new addresses and, when these new addresses became known to us, the medical records were forwarded to the Medical Officer of Health of the new home area. In addition, 734 children moved into Salford. This background work is carried out by the clerical staff of the Child Health Section, and clerical support is also needed to match up Child Health records with School Health records each month-end when school admission lists are sent from the School Welfare Section to the Principal School Medical Officer. It is essential that these records are matched up as soon as possible after a child is admitted to school so that information, going back to a child's birth, is available to the School Doctor when the child has his first school medical examination. In the case of a handicapped child, this information may be invaluable in helping to make decisions about special educational treatment.

Local hospital consultants continue to co-operate with the Health Department in the care of young children by providing copies of hospital reports for the information of the local authority medical staff and for the health visiting staff. Once again this information is invaluable as it provides accurate information, particularly in the case of handicapped children, but also in the case of normal children as it enables the staff of this department to speak with authority and to support the mother in following advice which she may have been given by the hospital medical staff.

The amount of work which is carried out by the Child Health Section cannot be assessed by looking only at the figures for Salford births. The clerical staff are concerned with all births which occur within the City boundary whether or not the mother is a Salford resident; with infant deaths, with changes of address—both into and out of the City; with hospital discharge letters, with the organisation of food sales, with the running of ante-natal and child health clinics, and with the maintenance of the special "At Risk", "Handicapped", and "Congenital Malformation" Registers.

## WELFARE AND PROPRIETARY BRAND FOOD SALES

### Milk Foods

In addition to National Dried Milk, seven proprietary brand milk foods (five in powdered form and two in liquid form) were stocked at the clinics during the year. The sales of most products were lower during 1968 than in the previous year, due at least in part to the reduction in the numbers of live births, but sales of evaporated milk foods have fallen by 50 per cent. This is unexpected and inexplicable in view of the fact that babies born in Hope Hospital are fed on evaporated milk mixture if breast feeding is not possible for any reason.

The distribution of National Dried Milk showed a reduction from 12,447 tins in 1967 to 11,599 tins but the percentage issued free of charge rose from 6.6% to 9.6%; this increase is partly due to an alteration in the system, supplementary coupons now being included in the free issue scheme from 1st April, 1968.



## Vitamin Preparations, Cereals and Other Products

The uptake of Welfare vitamin preparations was similar to the previous year but the percentages of A. & D. tablets and orange juice distributed free of charge have decreased.

The distribution of Welfare vitamin products is shown below :—

Cod Liver Oil	2,118 bottles	19% free issue
A. & D. tablets	4,566 packets	0.7% free issue
Orange Juice	32,862 bottles	5.6% free issue

Fifteen cereal products, three brands of babies' dinners and sweets, seventeen vitamin or vitamin and mineral preparations, and four supplementary foods, were stocked for sale or for free issue as appropriate.

## Women's Royal Voluntary Service

The W.R.V.S. has continued to staff the Hope Hospital selling point and by doing so has enabled mothers attending the Ante-natal clinics to purchase Welfare vitamin products on the hospital premises. We wish to record once again our appreciation of the help we receive from the W.R.V.S. in this work.

## DENTAL SERVICE

This year we have continued our policy of ever more attention to the oral health of younger children. All the nursery schools have been visited once and we hope soon to manage an inspection twice a year for nursery school and pre-school children and once a year for infants' schools. In addition, we have re-inforced our dental health education by a series of talks and demonstrations in the schools.

Statistics supplied to the Department of Education and Science confirm an improvement. The number of fillings carried out in 1968 was 69% higher than in 1967 while the number of teeth extracted is lower by one-third.

There has been a further decline in the attendance of nursing and expectant mothers. Most of the adults prefer to seek treatment from a general dental practitioner. Despite the efforts of our colleagues at Welfare Centres, who refer quite a number of patients for dental treatment, sadly these are mainly the sort of patients who will not attend for treatment under any circumstances.

## VOLUNTARY MOTHER AND BABY HOMES

There are two voluntary Mother and Baby Homes in Salford; St. Teresa's Home run by the Sisters of Charity of the Society of St. Vincent de Paul, and Adswood run by the Salvation Army. The homes are visited annually by a Senior Medical Officer and as in previous years a high standard of care has



been maintained. The accommodation for the antenatal and postnatal mothers is bright and cheerful and the rooms where the babies are nursed are well lit and warm. Both homes are well run and in each every effort is made to prevent infection. Unfortunately, a number of babies in St. Teresa's home became infected with Bacterium Coli E 0125 in May 1968. The affected infants were transferred to hospital for medical treatment and on the advice of the Senior Medical Officer stringent enforcement of hygiene rules resulted in the period of infection being limited to six weeks.

One of the greatest difficulties in running this type of home in which the individual mothers are expected to look after their own babies is the ever present danger of infection and cross infection. A potent factor in this situation is the common use of hand towels, and at St. Teresa's Home disposal paper towels have now been introduced.

In spite of this episode, I remain confident that these homes fulfil an urgent personal need and I have no anxieties whatever about the quality of care which the girls and their babies receive.

#### ADOPTION MEDICAL EXAMINATIONS AND LIAISON WITH THE CHILDREN DEPARTMENT

Medical examinations for certain infants and children who are candidates for adoption are carried out by local authority medical officers at the Child Health Clinics. During 1968 there were 10 such examinations (including examination by Dr. Scully, Oculist to the Education Department and a hearing test) and all the children were considered suitable to be adopted.

In addition a medical officer visited Manor Heath Reception Centre and Greenbank Residential Nursery at fortnightly intervals to examine new admissions to these homes. The doctor also visited each of the Children Department's homes twice during the year to carry out the annual medical examinations and the hygiene, environment and dietary examinations required by the Home Office under the provisions of the Administration of Children's Homes Regulations, 1957.

Another aspect of liaison between the Health Department and the Children Department is the examination of children by local authority doctors prior to the children being received into care. No record is kept of the number of such examinations as the arrangements are usually made informally and at short notice between members of the Children Department staff and medical officers of the local authority. The object of these examinations is to ensure that the children concerned are not suffering from any infectious or contagious diseases and that the children are free from infestation. It is usual also for the doctor to make a note of any physical defects which may have been overlooked by the parents so that any necessary treatment can be arranged whilst the child is in the care of the local authority.

During the year, 54 enquiries were received from the Children Officer referring to the placement of children for adoption, and asking for information about the prospective adopting parents. Each enquiry was circulated throughout the department and a report was made to the Children Officer when the enquiries were complete.

## CYTOLOGY CLINIC

During the year, 2,444 appointments to attend the cervical Cytology Clinic for a cervical smear and examination of the breasts, were offered to women over the age of 20 years. The total number of attendances was 1,339, i.e. 54% attendance. This is marginally better than the percentage attendance of 49% in 1967. The number of clinical sessions was 139, of which 99 sessions were attended by a doctor with an average attendance of 11.3 patients per session and 40 sessions were staffed by nursing staff from the Home Nursing Service, and the average attendance was 5.5 patients per session. In addition, 354 women volunteered to have smears taken during the Annual Health Check-up in July and August 1968, and 28 smears were taken at the patients' own homes by the Home Nurses.

The total number of attendances was 1,721 and the number of smears taken was 1,686.

The results were as follows:—

Unsatisfactory smears	37
Normal cells	1,464
Inflammatory changes	29
Trichomonas infection	89
Monilia infection	64
Suspicious cellular changes	2
Cancer cells positively identified	1

Of the 1,686 smears taken during the year, 935 were 3-yearly repeat smears for patients who had attended previously in 1965. Every patient who had a smear taken in 1965 was offered a repeat test in 1968, and the acceptance rate ultimately was approximately 80%. Whilst this is a satisfactory result it was not achieved without some difficulty as only 50 per cent of those offered appointments attended on the first occasion and second appointments had to be offered. Late in the year we were asked by the Manchester Regional Hospital Board to adopt a 3-yearly follow-up scheme devised by the Cervical Cytology Service, but at this time we were already more than half way through our programme of 3-yearly retests and so we declined to do so. The Cervical Cytology Service Scheme will be put into operation in 1969 although there are serious doubts that this scheme will be as successful as our own scheme has been in the past.

Special retests were made for patients suffering from vaginal Monilia, Trichomonas or other infections, for patients who were taking part in the Special Recall Survey devised to determine the appropriate interval for retests to be made, and for patients whose smears were "unreadable" for a variety of reasons. The number of such special retests was 253. The number of first tests taken at the Cervical Cytology Clinic was 498.



In addition to a cervical smear, patients were also offered breast examinations and 1,410 patients were found to have normal breasts, 18 were found to have lumps and were advised to consult their family doctors, and 22 patients were found to have had previous surgical treatment for disorders of the breasts.

As in previous years the amount of gynaecological ill-health discovered during the cervical smear examination was quite astounding, e.g. 165 patients had a cervical erosion, 85 patients had cervicitis, 22 patients had cervical polypi, and 366 patients had a vaginal discharge.

In each case where a gynaecological condition was present the patient was advised to consult her family doctor, and in the case of abnormal bleeding the general practitioner was informed by letter that the patient had been referred to him.

During the year, 268 smears were taken for non-Salford residents: these smears were in the main 3-yearly repeat tests as we now refer new applicants, who live outside the City, to the M.O.H. or the Family Planning clinic in their home area.

Patients who attended the clinic were asked a number of questions relating to their domestic environment, and the following statistics were recorded:—

(a) Social Class

Social Class I	23 patients
Social Class II	224 patients
Social Class III	1,122 patients
Social Class IV	181 patients
Social Class V	133 patients
Unclassified	3 patients

The response from women in Social Classes IV and V is disappointing as these women are particularly at risk of developing cervical cancer: and because, in the Salford community, there is a higher proportion of women in this category than in the general population of England and Wales.

(b) Parity

The family size varied from nil to 12: the most frequently occurring parity was 2.

No. of children	0	1	2	3	4	5	6+
No. of mothers	251	368	553	260	127	60	67

Cervical cancer is associated with frequent child bearing and we are



anxious to include as many mothers with more than 4 children in our programme as possible. Unfortunately it is difficult to stress the relationship between large family size and cervical cancer in our public schemes because of the danger of causing anxiety both to the mothers and to the children in large families.

### (c) Religion

Patients of every religious denomination attended for cervical smears and the following table shows the distribution :—

Church of England	1,140
Roman Catholic	387
Methodist	60
Jewish	38

The attendance of mothers of the Catholic faith was very disappointing as there is a large Catholic element in Salford.

## PHYSIOTHERAPY

During 1968 the physiotherapy department has tried to maintain a family service, treating babies, school children and where circumstances made it necessary their mothers. Senior citizens have been helped to retain their mobility and to live an active and independent life.

### Home Treatments

There is a great need for help to be given in rehabilitating the chronic sick, both young and old, in their own homes.

Some of these patients could, and many do, attend twice weekly for physiotherapy treatment at local hospitals. Unfortunately, long uncomfortable journeys and waiting for ambulances in draughty hospital corridors can cancel out the value of the physiotherapy treatment given.

Learning to walk again after a stroke or a fracture of the hips, is a very different proposition in a well equipped hospital gymnasium than in a small and crowded home. In co-operation with the home nurses and family doctors the physiotherapists have been able to discuss the individual needs of patients and their relatives to everyday living so that handicaps could be minimised and the burden of the relatives who care for them lessened. If a patient can retain even a little independence it often helps to prevent friction in the home.

During the year the physiotherapists have visited twenty-four patients at home and given 288 treatments.

### Mental Health

All through the year the physiotherapists, like many other people, have

looked forward to the long delayed opening of the Margaret Whitehead School. The appalling conditions in the two junior training centres have made the carrying out of any treatment very difficult.

Fifty-five children have been treated by physiotherapy and during the year, 2,237 treatments were given.

Most of the physiotherapy has been amongst the children attending the special care unit. Many of these children are also physically handicapped by such conditions as cerebral palsy or spina bifida and require a great deal of help to enable them to walk and become even a little independent.

Mongol children frequently suffer from chest infections and are kept well by aerosol inhalations, postural drainage and breathing exercises.

#### **Cleveland Day Centre**

An average of 12 patients enjoyed and benefited from music and movement classes which helped them to relax and find relief from tension. Unfortunately, this class has had to be discontinued due to the financial situation.

#### **Handicapped Babies**

The earlier handicapped babies are given development exercises the better they learn to adjust to their handicaps and become mobile and independent. Deformities are prevented and mothers can be taught to help their babies and to realise that all is not hopeless. More handicapped babies are surviving and growing up and much can be done by early treatment to help handicapped people to realise their full potential and to live useful and happy lives.

The physiotherapists feel it is important to help these babies and their families as soon as any abnormality is diagnosed so that there may be continuity of treatment from babyhood through school days and a helpful relationship can be established with the whole family to help with their problems.

#### **Ante and Post Natal Classes**

These classes are held at Langworthy and Summerville Centres and are much appreciated by young mothers having their first baby and who want to understand and help themselves during the process of baby's birth and to regain their slim figures afterwards. Girls from a mother and baby home also attend the classes: as more ante-natal supervision is now carried out by family doctors we are pleased that their patients are referred to the classes.

Unfortunately when this report is published many of these services will have ceased to be available owing to a cut of 48% in the number of physiotherapists employed by the Salford Health Department.



## CONVALESCENCE

### Mothers and Young Children

One mother and her young child were helped to obtain a fortnight's placing at Hest Bank Convalescent Home and at the same time two school age sons were offered places; the mother had recently spent some considerable time in hospital and was also very depressed.

Another mother, with a young baby, could not be placed due to lack of suitable accommodation.

A mother with four school age boys applied for placing but decided to make her own arrangements for the whole family on a holiday basis.

### Adults

Reasons for convalescent placings were varied this year—one tubercular patient, two epileptics, one disseminated sclerosis, one spondylitis, and five with nervous debility; they were helped as follows:—

The tubercular patient had obtained a convalescent placing personally and was helped financially by the local authority.

Both epileptic patients were suitably placed, financial aid being given by the authority in one case and by the Hospital Saturday Fund in the other.

The Cripples Aid Society assisted in placing (together with financial aid, if required) the patients suffering from disseminated sclerosis and spondylitis.

Of the patients suffering from nervous debility, two were placed at the St. Annes Home of the Blackburn and District Convalescent Fund (financial aid being given by the Cotton Towns Fund), a husband and wife were also offered places there but the husband went back into hospital and the wife made her own arrangements to stay with relatives near the sea. The fifth patient was also offered a place (without financial aid) as she was in receipt of a good salary.

There were a few other requests for placing which were not followed up by the patients, perhaps because full financial help was not offered.

Several requests were received from men and women over retirement age and these were referred to the Civic Welfare Department for necessary action.



# INCIDENCE OF BLINDNESS

A1. Registered Blind Persons

A2. Registered Partially Sighted Persons

B. Ophthalmia Neonatorum

Blind Person

## A1. FOLLOW-UP OF REGISTERED BLIND PERSONS

Total number of cases registered during 1968.....34

(i) Number of cases registered during the year in respect of which Section F. (1) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	1	—	11
(b) Treatment :—				
Medical	—	—	—	1
Surgical	4	—	—	2
Optical	—	—	—	—
Ophthalmic Medical Supervision	2	3	—	7
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	3	3	—	9

## A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS

Total number of cases registered during 1968.....17

(i) Number of cases registered during the year in respect of which Section F. (1) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	—	—	—
(b) Treatment :—				
Medical	—	—	—	—
Surgical	2	—	—	—
Optical	—	—	—	—
Ophthalmic Medical Supervision	3	2	—	10
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	3	2	—	10

## B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	—
(ii) Number of cases in which :—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

## HEALTH VISITING SERVICE

Towards the end of the year it was known that the staffing position of this service would be effected by the appointment of a Chief Nursing Officer responsible for the integration and co-ordination of the Health Visiting, Home Nursing, Midwifery, Home Help and Day Nursery Services. As this change actually took place within eight days of the year end, it would seem appropriate to mention the changes at this point rather than a year after the event.

The Superintendent Health Visitor was appointed to the post of Chief Nursing Officer, and the Deputy Superintendent Health Visitor was appointed as Principal Nursing Officer (Health Visiting). This Principal Nursing Officer designation was also given to the senior officers responsible for the day to day management of the other services. A post of Assistant Superintendent Health Visitor was deleted from the establishment and two Specialist Health Visitors became Group Advisers.

The position in relation to field workers remained fairly stable although under establishment. It is interesting to note that of the present staff of health visitors 85.3% were trained by this authority; 58.5% are married; and the average age is 38 years.

Mrs. E. Millington, health visitor, retired after 22 years service and will be remembered for her loyal and conscientious service.

Two health visitors, Miss F. Wakefield and Mrs. E. McDonald, each used one week of their personal leave to accompany 10 children from socially handicapped families on a holiday to Scarborough, arranged by the Manchester and District branch of the Lions Club.

### Extension of Work

It was stated in last year's Report that in a health visiting section the tendency was for work to increase rather than to decrease and that this could happen in spite of a decline in the overall population. This year saw a further increase in several aspects of work.

- (i) The amendment of the Nurseries and Child Minders Regulation Act 1948 by the Health Services and Public Health Act 1968, brought under supervision for the first time, those minding one child for a period of two hours or more overall. Welcome as this amendment was, work in respect of supervision and documentation was considerably increased.
- (ii) More playgroups were opened during the year. No member of the authority's staff is employed in this situation but each new group requires advice and support initially, and many of the groups owe their existence to the interest and encouragement shown by health visitors. Each group is registered and subsequently supervised by the Assistant Principal Nursing Officer (Health Visiting) who also supervises Child Minders.

- (iii) Work in relation to the care of the elderly increased; 1,273 more cases than in the previous year were carried forward. Although the new referrals dropped by 117, the overall number of persons requiring visiting was higher.
- (iv) The number of well-baby clinics conducted by attached health visitors in doctors' surgeries rose from 134 to 294, and in this context 94 visits were made to ante-natal clinics in surgeries. In addition, 1,304 liaison visits to doctors were made.
- (v) Health education talks increased, as indicated under this heading from 616 to 996.
- (vi) An aspect of work which cannot readily be measured is the amount of contact with other agencies which is required because the more vulnerable groups are remaining in the population as re-housing proceeds. Selective visiting may become academic theory as each health visitor's case load increasingly includes more families requiring support. The position is aggravated by many families moving readily from a poor part of Manchester adjoining the boundary, to sub-let houses in the Salford area.

### Surveys

2,827 samples of blood were taken from young babies by health visitors in respect of the metabolic disorder survey being conducted by Dr. G. Komrower, Consultant Paediatrician.

A survey of bottle hygiene which commenced December 1967 was completed; 200 mothers were visited in respect of this survey.

### Student Training – Staff Education

In addition to the training provided for 5 student health visitors, and 7 students (different years) from the Manchester University Diploma in Community Nursing Course, the following also came to the section for experience and/or observation :—

Hope Hospital – junior students	52
Hope Hospital – senior students	69
Salford Royal Hospital students	53
Student Tutor	1
Nursing Administration Course student	1
Health visitor students from other authorities (for urban experience)	6
Royal College of Nursing Course	1
Social Administration and Public Administration students	6



World Health Organisation — post graduate medical students	1
London School of Hygiene — post graduate medical students	2
Diploma in Child Health — post graduate medical students	3
	<hr/>
	195
	<hr/>

In-service training of staff included talks from Professor Davies, Dr. Komrower, Dr. Mackay and Professor Smith. Professor Taylor held a half-day refresher course concerned with the hearing of children and Miss Daphne Elliott, Health Education Officer, Croydon, attended the department for a half-day to deal with the techniques of group discussion in health education. One health visitor attended a Field Work Instructors' course and the Specialist Health Visitor for the care of the elderly attended a course with that theme. Other health visitors attended Manchester's Annual Refresher course for a part of the course.

#### Health Education

In addition to 996 talks given to school children (reported more fully in the School Health Report), 170 talks were given at Hope Hospital on the post-natal wards, and 57 discussions took place at the Toddlers' Club (252 mothers).

The Slimming Club for schoolgirls known as "The New You" club held 20 meetings during the year with an average attendance of 21. The present membership is 63; Dr. R. I. Mackay, Consultant Paediatrician continued to advise as to the conduct of the club and the health of the members.

#### Cancer Education

At the annual check-up a film showing breast self examination was shown to 368 women and the technique was demonstrated by the personal examination of 176 women.

#### Attachment to General Practitioners

Five more health visitors were attached to family doctors and discussions took place with other doctors regarding schemes for 1969.

As the attached health visitors visit all parts of the City, placements have been made from the care users but as many health visitors are unable to afford the capital outlay for the purchase of a car when all other living expenses are increasing, and others do not wish to drive, this may be a limiting factor in respect of future attachments. Otherwise, the already high travelling time would be extended, but more important perhaps is the effect that increased waiting in the cold and rain for public transport would have on the staff, particularly since it would be difficult to terminate visits to coincide with cross-City bus timetables. It is hoped that the doctors themselves will form working groups so that it is possible for them to benefit by attachment of local authority staff. Some doctors who are known to be arranging informal partnerships have been promised this help.

## SPECIALIST HEALTH VISITOR SERVICES

### (I) HOSPITAL LIAISON

Regular liaison with the Salford group hospitals continued during the year.

#### (a) Paediatrics

##### Hope Hospital

The liaison health visitor attended neo-natal clinics, out-patient clinics; and accompanied the consultant paediatrician on ward rounds, in addition to being responsible for considerable interchange of information between the hospital and local authority staffs.

Towards the end of the year enquiry was being made as to the reason why some mothers with babies at risk fail to keep follow-up appointments. As these babies have been carefully screened and the reasons for the follow-up appointment are very valid, it is worthwhile to attempt to discover why some mothers do not take advantage of the service. The results of this enquiry are not yet known.

##### Ladywell Hospital

One ward only was visited weekly, that being the ward caring for patients suffering from infectious disease. Regular telephone communication was maintained however, so that urgent needs could be met. For many of the children admitted suffering from dysentery and Salmonella infections, feeding and social problems are involved, and a home conditions report is very helpful to the hospital staff.

##### Royal Manchester Childrens' Hospital

Liaison and contact with the staff increased during the year and more spontaneous referrals were made by senior members of the staff. As liaison develops at this hospital a long arm of supervision following discharge from hospital is being appreciated by the hospital staff.

More discussion has taken place between nurses in training and the liaison health visitor so that a knowledge of the community service increases.

##### Gartside Street — R.M.C.H. Out-patients Department

The liaison here assists the health visitor by revealing the children gravely at risk who have defaulted from the clinics. The health visitor also has the opportunity to pass on her observations which may be very relevant to the situation. The Specialist Health Visitor made 50 paediatric visits in addition to those undertaken by health visitors.

#### (b) Diabetic Clinics

The work undertaken on behalf of Hope Hospital, Royal Manchester Children's Hospital, and Salford Royal Hospital patients was as follows:—



Patients carried forward	101
New referrals	54
New referrals (not diabetic)	1
Visits undertaken	389

### (c) Chest Clinic

The number of notified cases of Tuberculosis was 50. Three cases were identified from contacts brought up for examination and four cases were found in Salford House – the Corporation hostel for men. The manager of the hostel co-operated with the Specialist Health Visitor in supervising the other occupants.

Liaison visits to the Chest Clinic continued, involving attendance at consultant clinics and ward rounds. The Specialist Health Visitor dealt with 300 personal interviews in the clinic situation and 162 interviews with newly-admitted patients, in addition to conveying information to and from colleagues. 18 interviews with general practitioners also took place as part of follow-up of patients.

### Other Chest Diseases

The work formerly undertaken in respect of the Consultant Thoracic Surgeon terminated when he cancelled his session at Ladywell Hospital.

Liaison with Dr. Miles-Walker, Consultant Physician, continued in respect of the Respiratory Failure Unit at Ladywell Hospital. 240 patients had domiciliary visits after discharge from hospital (140 – 1968; 100 – 1967).

These bronchitic patients require help for different reasons. Some who are handicapped for life need mobilisation of voluntary or statutory resources. in addition to support and understanding. Health education, continuance of treatment, and return to normal work is the aim so far as the younger patients are concerned. The single most important aim of health education is to encourage patients to stop smoking, thereby reducing bronchial irritation.

### (2) CARE OF THE ELDERLY

The number of new cases referred this year was fewer than in 1967. It should be remembered however that as a result of attachment of health visitors to general practice list, cases which otherwise would have been referred to the Specialist Health Visitor, have been dealt with by the attached health visitor apart from ten referred for intensive help. Family doctors without an attached health visitor referred more cases than in the previous year (145 – 1968; 99 – 1967).

The City's housing clearance scheme has meant that in many instances sons and daughters and other young relatives of the elderly have left the area, which may account for self referrals being the largest single group of those referred to the section.



## Liaison with the Consultant Geriatrician

The Specialist Health Visitor attended a weekly out-patient clinic at Ladywell Hospital and accompanied the consultant on some domiciliary visits.

The section was notified of every patient discharged from this hospital and those discharged from the chronic sick wards of Hope Hospital so that an early visit could be made. Some patients continuing their treatment at the Day Hospital were seen there prior to complete discharge so that domiciliary help could be arranged. Because of the great demands on the home help service, voluntary help from friends and neighbours was enlisted whenever possible, but the mobilisation of such resources is more time-consuming than simply referring to a section housed in the same building.

Students from Salford College of Technology continued to make a weekly visit to a number of elderly persons. Pupils of Pendleton High School continued the voluntary visiting established some years ago. This year, senior pupils of Hope Hall Secondary School "adopted" the tenants of Shelmerdine Gardens. Several other groups of schoolchildren in the area provided help of one sort or another.

## Bathing and Foot Hygiene Service

This service continued to assist the elderly to retain mobility and to remain in their own homes.

Help was provided as follows:—

Bathings	3,540 – 255 individuals
Foot hygiene	4,475 – 541 individuals
Washing of hair	219 – 5 individuals

Details of the referrals for care of the elderly are shown in the following tables:—

## Number on Register

Brought forward – males	1,275	}	5,789
Brought forward – females	4,514		
New cases – males	380	}	1,156
New cases – females	776		
	TOTAL		<u>6,945</u>
Died during year	608	}	1,093
Admitted to hospital	338		
Admitted to local authority home	40		
Removed from area	93		
Not retained on list – inappropriate	1		
Referred elsewhere	13		
Total remaining on register at 31.12.68			<u>5,852</u>

**Age Groups — New Referrals**

60 — 65 years	171
65 — 70 years	311
70 — 75 years	272
75 — 80 years	196
80 — 85 years	136
85 — 90 years	31
90 — 100 years	5
Under 60 years	34
	<hr/>
	1,156

**State of Activity**

Ambulant	558
Semi-ambulant	327
Housebound	152
Bedridden	119
	<hr/>
	1,156

**Sources of Referral**

Civic Welfare	28
Found in course of visiting	76
Family doctor	145
Area Health Visitors	50
Home Helps	66
Hospitals	198
Mental Health Section	2
Relatives and Friends	163
Public Health Inspectors	14
Housing Department	88
Home Nursing Section	38
Practices with attached Health Visitor	10
Self-referral	208
Other Agencies	70
	<hr/>
	1,156

**Reason for Referral**

Chest complaint	119
Rheumatism	43
Nervous diseases	39
Cardio-vascular disease	140
Carcinoma	46
Diabetes	18
Blind	15
Senile	51
Malnutrition	2
Mental Stress	17
Advice and Care	391
Miscellaneous	275
	<hr/>
	1,156

### (3) SOCIALLY HANDICAPPED FAMILIES

769 families with problems or at risk were visited during the year, 969 domiciliary visits being made by the Specialist Health Visitor in addition to those made by other health visitors.

One visit of particular medical interest was to a child of sixteen months found to be suffering from gross rickets. The parents, an Irish immigrant couple, were found during a visit to relatives in the City. The child spent her day sitting in a wooden cot no larger than a doll's cot; her legs were flexed to her abdomen. Her diet had been mainly milk without added vitamins. A great deal of persuasion was necessary before the parents would accept medical examination of the girl. The Specialist Health Visitor accompanied the mother to hospital and the child was admitted for several months. After the child's discharge from hospital the family removed to another area. With this type of family it is almost impossible to prevent deterioration in care because of the movement from one area to another, often without the new address being known, thereby making it impossible to alert another authority.

174 persons requested office interviews for the following reasons :—

Financial difficulties	119
Marital disharmony	25
Accommodation difficulties	20
Threatened eviction	8
Health problems	2

17 families (56 children) were visited in the Homestead when eviction had taken place so that relationships could develop before re-housing took place.

#### Liaison

The Specialist Health Visitor attended case conferences and rent arrears meetings regularly, and continued as a co-opted member of the Probation Care and After-Care Committee. Co-operation with the Family Service Unit staff also assisted this work.

#### Prisoners' Families

The work outlined in the previous year continued in respect of those prisoners with families living in Salford.

#### Day Training Centre

The centre continued to function on three afternoons a week offering a rehabilitation programme for a total of ten mothers in all. The full number were not able to attend three times a week — on a split programme arrangement, seven attended each session. The activities arranged for the mothers included cooking, sewing, knitting and budgeting; practical experience being provided by the part-time domestic science teacher. Discussions with the Specialist Health Visitor were held weekly.



The playgroup type of facilities provided for the children of the mothers is one of the most important aspects of the centre's work. Thirteen children attended throughout the year with an average of ten each session. The intimacy of a small group is ideal for the under-privileged child who requires this sort of contact as a means of gaining confidence and acquiring manipulative skills; such children being slow to learn in their own environment. The children responded also to the warm friendly approach of the staff and improved physically because of the supplementary diet and vitamins provided.

#### (4) THE ILLEGITIMATE CHILD

In an attempt to give a true picture of the illegitimacy rate in Salford residents, the figures for the Mother and Baby Homes in the City, catering as they do for many from other areas, have been examined separately.

##### Mother and Baby Homes

Of the 201 mothers known to this department to have used the Homes, 173 had addresses outside Salford; 18 used a Mother and Baby Home address for both notification and registration, and 10 only gave a Salford address on registration.

The subsequent care of this group of babies was as follows:—

TABLE 1

	1968	1967
Placed for adoption	98	120
Placed with foster mother	17	18
Placed in residential care	5	—
Mother kept baby	73	66
Baby died in hospital	2	1
Stillborn	1	2
Parents married subsequently	—	2
Still no arrangements	5	3
Transferred to other Mother & Baby Home	—	1
	<u>201</u>	<u>213</u>

A slightly higher percentage of mothers kept their babies 36.3% (32.5% 1967).

A common misconception is that those using Mother and Baby Homes are all very young girls. As will be seen in the following table of those for whom the age was known, only 26% were under 18 years of age.

TABLE 2

## Ages of mothers using Mother and Baby Homes

11 years	1
14 years	1
15 years	7
16 years	8
17 years	21
18 years	14
19 years	20
20 – 24 years	59
25 – 29 years	7
30 – 34 years	4
35 – 39 years	2
40 – 44 years	2
Age not ascertained	55
	<hr/> 201 <hr/>

The staff of the homes have been most co-operative throughout the year in affording opportunities for a health visitor to visit the homes to obtain blood samples (with the mothers' consent) for the metabolic disorder survey and in giving information to the Health Department as to the discharge address of mothers and babies.

## Salford Residents

Looking now at the picture for those normally residing in Salford, of the 404 mothers known to have had illegitimate children, 10 have already been identified as using the Mother and Baby Homes; 16 came to live in the area shortly after the birth of the baby.

The ages of these mothers with corresponding number of pregnancies (not necessary previous illegitimate children) were:—

TABLE 3

Age of Mother at Birth of Baby	Number of Pregnancies													Totals	Not Known	12th	11th	10th	9th	8th	7th	6th	5th	4th	3rd	2nd	1st
15 years	3	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	0.74%	Under 18 yrs (11.62%)
16 years	13	-	-	-	-	-	-	-	-	-	-	-	13	-	-	-	-	-	-	-	-	-	-	-	3.21%		
17 years	30	1	-	-	-	-	-	-	-	-	-	-	31	-	-	-	-	-	-	-	-	-	-	-	7.67%		
18 years	33	2	-	-	-	-	-	-	-	-	-	-	35	-	-	-	-	-	-	-	-	-	-	-	8.66%		
19 years	25	4	2	-	-	-	-	-	-	-	-	-	31	-	-	-	-	-	-	-	-	-	-	-	7.67%		
20-24 years	70	16	15	5	1	1	-	-	-	-	-	-	108	-	-	-	-	-	-	-	-	-	-	-	26.73%		
25-29 years	20	15	17	18	9	5	1	3	-	1	1	-	90	-	-	-	-	-	-	-	-	-	-	-	22.27%		
30-34 years	3	8	7	10	11	2	3	-	-	-	-	-	44	-	-	-	-	-	-	-	-	-	-	-	10.88%		
35-39 years	2	1	1	4	1	8	-	1	1	2	-	1	22	-	-	-	1	2	-	-	-	-	-	-	5.44%		
40-44 years	2	2	1	1	1	1	-	-	-	-	-	-	11	-	-	-	-	2	-	-	-	-	-	-	2.72%		
45-49 years	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	0.24%		
Age not known	1	1	-	-	2	1	2	-	-	-	-	-	15	8	-	-	-	-	-	-	-	-	-	-	3.71%	Not known (3.71%)	
TOTALS	202	50	43	39	25	18	6	4	3	3	2	1	404	8	1	2	3	3	4	6	18	25	39	43	50	202	

Under 18 yrs (11.62%)

18 yrs + (84.61%)



Subsequent action in relation to the babies was shown as in the following table :—

TABLE 4

Placed with a relative	4	0.99%
Placed for adoption	24	5.94%
In residential care or with foster mother	30	7.42%
Died (7 in neonatal period)	11	2.7%
Remaining with mother	335	82.92%
	<u>404</u>	<u>99.97%</u>

It will be noted that an increased percentage of mothers — 82.92% kept their babies (74.38% in 1967).

It is of interest to examine the position of those mothers who kept their babies, with reference to the supportive help they received from family or putative father, to indicate those likely to require extra support from health visitors. Table 5 shows that of those remaining in the area 18.5% (11.35% 1967) were alone and unsupported by family or putative father.

TABLE 5

## MOTHERS WHO KEPT THEIR BABIES

	Ages of Mothers												Totals
	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	Not Known	
With parent or relative	2	8	18	16	13	18	8	-	1	-	-	-	84
Cohabiting with Putative Father	-	1	2	6	4	41	46	22	15	7	-	2	146
Living alone	-	-	2	4	3	17	21	8	3	3	-	1	62
Not disclosed	-	-	-	-	-	6	3	6	1	-	-	-	16
Since married (to P.F.)	-	1	1	-	2	2	-	1	-	-	-	-	7
Since married (not to P.F.)	-	-	-	-	-	1	-	-	-	-	-	-	1
Left Salford with :-													
(1) Relative	-	1	-	1	-	2	-	-	-	-	-	-	4
(2) Putative Father	-	-	1	1	1	3	2	1	-	-	-	-	9
(3) Alone	-	-	-	1	3	-	1	-	-	-	-	1	6
	2	11	24	29	26	90	81	38	20	10	-	4	335

## STATISTICAL INFORMATION

TABLE 1

## DOMICILIARY – HEALTH VISITORS/CLINIC NURSES

Type of Visit	Access	No Access
Visits to Children 0 – 5 years	39,015	
Visits to Physically Handicapped Children 0 – 18 years	1,606	
Visits to Mentally Handicapped Children 0 – 18 years	530	
Visits to Physically Handicapped Adults	323	
Visits re Immunisation	3,640	
Visits to Elderly Persons	10,948	
Visits to Elderly Persons with Consultant to assess priorities	126	
Visits re Mental Health	279	
Visits re Tuberculosis (including contact tracing)	709	
Visits re Infectious Disease	66	
Visits re Hospital Follow-up	2,462	
Visits re Infestation	367	
Visits re Expectant Mothers (Including unmarried mothers)	914	
Visits for Social Reasons	4,028	
Visits to assess Housing Priority	762	
Visits to Parents of Schoolchildren	1,371	
Miscellaneous Visits	1,648	
	68,794	13,386
GRAND TOTAL	82,180	

TABLE 2

Type of Session	Number of Sessions
Child Health	1,790
Screening tests of hearing	144
Geriatric advisory	97
Cytology	100
Health Check-up	149
TOTAL	2,280



TABLE 3  
OTHER ASPECTS OF WORK – HEALTH VISITORS

Type of Work	No. of Sessions
Liaison visits – doctors surgeries	1,304
Visits to ante-natal clinic	94
Well Baby clinics – family doctor premises	294
Health Team Discussions – doctor's surgery	99
Consultant Clinics – hospital liaison	572
Ward rounds – hospital liaison	438
Mothercraft talks – post natal wards of hospital	170
Blood samples obtained in relation to metabolic disorder survey	2,827
Number of immunisation injections given	7,356
Number of doses of polio vaccine given	8,023

TABLE 4  
SCHOOL HEALTH WORK\*– HEALTH VISITORS/  
CLINIC NURSES/NURSING AUXILIARIES

Number of children examined at Health Surveys	22,278
Number of children who had vision tested	9,631
Number of children examined re infestation	66,216
Number of children re-examined re infestation	8,263
Number of cleansings	506
Number of children examined prior to school journey	129
Number of school visits for discussion with head teacher	1,695
Number of health education talks	996
Number of diphtheria and tetanus injections given	1,807
Number of doses of oral polio vaccine given	1,154
Number of minor ailment clinics attended	920
Number of other school clinics attended – medical, chiropody, eye, periodic examinations, etc.	5,194

\* Reported more fully in the School Health Report

TABLE 5

## NURSING AUXILIARIES – DOMICILIARY WORK

	Visits	No Access
Bathings – elderly persons	3,540	
Foot Hygiene – elderly persons	4,475	
Hair Washing – elderly persons	219	
Elderly persons visited – not treated	2,217	
Elderly persons – disinfested	32	
Handicapped adults bathed	20	
Treatment of scabies	7	
Infestation visits	90	
Miscellaneous visits	28	
	10,628	1,848
GRAND TOTAL	12,476	

TABLE 6

## NURSING AUXILIARIES – CLINIC DUTIES

	Sessions
Assisting at Child Health Clinics	426
„ Immunisation	7
„ Orthopaedic	6
„ Chiropody (Adults)	419
„ Health Check-up	132
„ Screening Tests of Hearing	118
„ Special Bathing (Motherless Children)	177
„ Cleansings	198
„ Scabies	27
GRAND TOTAL	1,510

TABLE 7

## NURSING AUXILIARIES – MISCELLANEOUS DUTIES

	Sessions
Sterilisation Unit	499
Escort Duties	76
Day Training Centre	125
Clerical	58
GRAND TOTAL	758

## DAY NURSERIES

1968 will be marked as a disastrous one in relation to the provision of day care for children under 5 years of age. With only three nurseries remaining and two of these of advanced age, Eccles Old Road Day Nursery had to be closed, reducing the number of places available by 45.

The closure came about as a result of an effort to raise the environmental conditions in the two older nurseries to something approaching present day standards. The premises were examined with a view to estimates, but the City Engineer reported that the state of Eccles Old Road nursery was extremely poor and extensive and expensive repairs would be required if the nursery were to continue to function. In view of this it was decided to close the nursery as the high running costs, coupled with the expensive repairs, were not justifiable for such old premises.

A good deal of concern was expressed by many people including the parents of the children with places at the nursery, but by careful planning and temporarily halting nursery admission, it was possible to accommodate all but two of the children in Bradshaw Street and Howard Street Nurseries, the transfer being phased over a few weeks.

The average daily attendance figure for Bradshaw Street and Howard Street was 80% (83.7% - 1967); the reduction reflected the effect of, first the halt in admissions for a few weeks, and secondly an outbreak of Sonne dysentery at Bradshaw Street in October when 26 cases occurred. Eccles Old Road average daily attendance from 2nd January until closure on 12th July was 74.16%. An outbreak of Sonne dysentery occurred in May affecting 22 children.

Applications for places in the nurseries were 50 fewer than in the previous year, the category showing the greatest reduction being "illness of mother". No factual explanation can be offered for this reduction; one possible reason may be that with shorter hospital stays, the families were able to muster the help of relatives or friends for a few days. It would be satisfying if it meant that Salford mothers were in better health.

### Loss to the Service

Mrs. Margaret Clayton, Matron of Bradshaw Street Day Nursery died suddenly at her home on 16th November. Miss Clayton was well known for her keen interest in the welfare of the children and will be missed very much by the staff, and the children of the nursery and their mothers.



## STATISTICS

TABLE I NUMBER OF CHILDREN IN THE DAY NURSERIES DURING 1968

	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	Total
On Register 31.12.1967	1	14	1	16	4	—	48	3	34	6	5	9	141
Admitted during 1968	7	27	9	32	4	1	36	4	41	3	11	10	185
TOTAL	8	41	10	48	8	1	84	7	75	9	16	19	326
Withdrawn	4	34	10	43	7	1	43	1	49	4	11	18	225
Still on Register 31.12.1968	4	7	—	5	1	—	41	6	26	5	5	1	101

Codes used in the tables are as follows:—

A1 Illness of father	B1 Acute Social problems	C1 Unmarried mother	D Mother essential employment
A2 Illness of mother	B2 Handicapped child	C2 Widowed	E Financial
A3 Confinement	B3 Behaviour problem	C3 Separated	
		C4 Divorced	

TABLE II — WAITING LISTS

	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	Total
On waiting list 31.12.67	1	1	1	14	—	1	11	1	4	1	1	35	71
New applications during 1968	8	44	15	61	5	2	69	8	87	4	13	60	376
Total applications	9	45	16	75	5	3	80	9	91	5	14	95	447
Withdrawn from waiting list	1	4	5	4	—	1	10	—	5	—	—	16	46
Places offered	8	36	11	62	4	2	58	8	71	3	13	35	311
Still on waiting list 31.12.68	—	5	—	9	1	—	12	1	15	2	1	44	90

TABLE III — PLACES OFFERED

Accepted	7	27	9	32	4	1	36	4	41	3	11	10	185
Not accepted	1	9	2	30	—	1	22	4	30	—	2	25	126
	8	36	11	62	4	2	58	8	71	3	13	35	311

## HOME NURSING SERVICE

While every effort was made to provide comprehensive care for those cases referred the possibility of areas of unmet need because of lack of referral could not be overlooked. In examining the referrals shown in Table II an apparent decrease in referrals i.e. those from general practitioners (3.5%) and health visitors (87.8%), may only reflect a more informal referral as a result of closer working relationships. In respect of hospital referrals, however, bearing in mind the number of early discharges taking place every year, a reduction of 33.5% in referrals may be more significant and indicate the need for increased liaison with hospital staffs, so that patients who could benefit from a home nursing service are not deprived. This local picture would appear to support the claim made\* elsewhere that a greater awareness of the service provided is necessary.

One aspect of liaison between hospital and the community service has developed well in that referrals are made from Springfield Hospital by consultant psychiatrists for Moditen or Modecate injections to discharged psychiatric patients, to enable them to remain in the community.

Attachment and liaison schemes between family doctors and district nurses progressed by two further attachments during the year, involving five doctors. The steady growth in co-operation between the general practitioners and the district nurses augurs well for the future standard of patient care. When the care required was more than that provided by the home nursing service, other services were consulted and help from health visitors, midwives, public health inspectors, chiropodists, physiotherapists and mental welfare officers is acknowledged.

The work undertaken in doctors' surgeries is shown in the following table.

TABLE I

	1965	1966	1967	1968
Visits to Surgery	62	998	1,324	1,489
Treatments — Injections	58	709	1,464	1,823
Dressings	90	1,120	1,910	1,918
Others	20	387	751	859
New cases referred	—	112	332	370
Consultations with doctors and other workers	6	1,015	2,412	2,145
Number of attachment and liaison arrangements	3	7	9	11

\*'Care in the Balance — a study of collaboration between Hospital and Community Services' — Lizbeth Hockey



## Referrals to the Service

TABLE II

	1967	1968
General Practitioners	1,400	1,350
Hospital	310	216
Health Visitors	33	8
Midwives	1	2
Personal Application	9	2
Others	41	33
	1,794	1,611

TABLE III

Number of patients brought forward from 1967	625
Number of new patients	1,611
Total	<u>2,236</u>

Number of patients removed from register during year :—

Recovered	805
Removed to hospital	360
Died	216
Removed from area	24
Removed for other reasons	250
	<u>1,655</u>

On register at end of year 581

	<u>1967</u>	<u>1968</u>
Number of domiciliary visits	56,543	48,671

TABLE IV

Month	Visits	On books at 1st of month	New cases	Total cases	Taken off books
January	4,434	625	138	763	124
February	4,233	639	141	780	145
March	4,402	635	163	798	160
April	4,534	638	160	798	157
May	4,205	641	133	774	147
June	3,781	627	109	736	120
July	4,025	616	127	743	141
August	3,725	602	114	716	136
September	3,657	580	119	699	128
October	3,890	571	124	695	130
November	3,731	565	135	700	129
December	4,054	571	148	719	138
Total	48,671	7,310	1,611	8,921	1,655

TABLE V

## Age Groups Treated

Years	Cases	Visits
0 - 5	33	420
5 - 14	49	289
15 - 39	257	3,436
40 - 64	640	14,864
65 - 74	541	12,485
75 +	716	17,177
	2,236	48,671

The main conditions treated were as follows :—

In the 0 – 5 years group, care of infectious disease needed 48 visits and other medical treatments 232 visits.

For the 5 – 14 years group, 74 visits were made to those with infectious diseases; 90 visits to other medical conditions; 41 visits to those children with post-operative conditions and 35 visits to one child with heart disease.

Of the visits to the 15 – 39 years group, 228 visits were to those suffering from infections; 481 visits for other medical reasons. Anaemia of pregnancy was treated in 44 women who needed 396 visits. Anaemia in 24 other cases needed 199 visits. Mental illness occurred in 34 patients who had 493 visits; 73 patients needed 875 visits for surgical treatments.

The 40 – 64 years group suffered less from infection, but 76 patients suffering from cancer needed 1,603 visits. 28 patients suffering from heart diseases needed 1,178 visits; 41 patients had strokes and needed 941 visits; 104 patients had anaemia and had 2,089 treatments. Mental illness was still occurring in this age group (41 patients needed 688 visits). 157 patients had 2,058 visits for surgical treatments.

In the 65 – 74 years group, diseases of aging involved 18 patients and needed 308 visits; 33 patients with heart disease needed 728 visits. 62 stroke patients needed 940 visits; 36 patients had chest diseases needing 331 visits; cancer in 60 patients necessitated 1,224 visits. The number in this group with anaemia had dropped to 86 and they had 1,691 treatments. Only 3 had mental illness and had 19 visits. 112 patients with surgical conditions had 1,758 visits.

Those aged 75 years and over suffered mainly from anaemia – 143 requiring 3,687 visits. Other medical conditions in 130 patients required 1,741 visits. 50 patients with heart disease needed 1,391 visits and 66 patients with stroke conditions needed 1,113 visits; 40 patients suffered from chest conditions and had 389 visits; 114 patients needed 2,671 surgical procedures, whilst mental ill health had dropped to 3 patients needing 46 visits.

During the Health Check-up 352 cytology tests were undertaken, compared with 234 the previous year.

#### Aids for Patients

A variety of equipment was available at clinics on loan to patients to assist them to reach a greater degree of comfort.

The laundry service met the needs of incontinent patients and those for whom the washing of linen became unmanageable.

The Marie Curie Memorial Fund was used to help patients suffering from cancer. Comforts provided ranged from extra nourishment to extra sheets, air fresheners and fans. This assistance at a time when prolonged illness has strained the family resources and a terminal stage has been reached, is extremely valuable.



## Training

The intake of District Nurse students was restricted to 7, all of whom were successful in their examination results.

Several other groups of students were provided with experience in community care. These included student nurses from Salford Royal Hospital and Hope Hospital, Manchester University Community Nurse Course, and students from the College of Technology. The programme planning and the practical experience is time consuming but necessary in respect of future understanding and liaison, apart from the requirement in relation to the syllabus of training.

## CHIROPODY SERVICE

During 1968, the chiropody service for the elderly and handicapped continued to function with most beneficial results. The chiropody establishment devoted to the treatment of these groups of people numbered 2.8 chiropodial equivalents, which although meaning that some patients were receiving treatment at less frequent intervals than the chiropodists would have preferred, was sufficient to meet the many demands made upon the service from the various sources of referral.

The ratio of chiropodists to patients was reduced in October, when the senior chiropodist left Salford and therefore 10 sessions per week were lost to the service, reducing the number of patients who could be treated by approximately 60 per week. The treatment of some of the clinic patients thus displaced was absorbed into the remaining sessions which meant an increased interval between treatments, but unfortunately the domiciliary visits carried out by the senior chiropodist had to be deferred, there being no other source from which these housebound patients could be provided with treatment.

Because of the existing 14 week interval between treatments for even the most needy patients it was thought to be more expedient to remove from the register some of the patients under the care of the senior chiropodist rather than to absorb all her work into the remaining sessions, which otherwise would have made the interval between treatments such that any treatment given would have been futile. In other words, it was considered better to provide fewer patients with worthwhile treatment than to give a token service to the many. It must be noted however, that those who were to remain on the register would be carefully screened as to need for the services of the remaining chiropodists.

As in previous years, invaluable help has been given by the ambulance service in conveying those patients to the chiropody clinics who, although not housebound, could not have reached the clinic by public transport.

With regard to the housebound and semi-ambulant patients we are most fortunate in Salford in that we have several clinics strategically placed in the more heavily populated areas which keeps the amount of domiciliary work necessary within reasonable bounds and well below what might reasonably be expected of these age groups under our care.

The domiciliary chiropody service gave a total of 1,584 treatments during the year to 666 patients (125 of these patients coming off the register during the year for various reasons), an average of a little under 3 visits per patient.

In addition to the clinical and domiciliary work visits were made to, and treatment carried out in, various hostels and residential homes for the elderly and handicapped.

The following comprehensive statistics give a clear picture of the amount of work carried out by the chiropody section.

**Total Number of Treatments given at Clinics**

Male	963	
Female	<u>4,568</u>	
		5,531

**Total Number of Treatments given in patients' homes** 1,584

**TOTAL** 7,115

**Langworthy Road Clinic**

Sitting Car Cases	Male	67	
	Female	<u>381</u>	
			448
Walking Cases	Male	379	
	Female	<u>1,869</u>	
			<u>2,248</u>
			2,696

**Regent Road Clinic**

Walking Cases	Male	212	
	Female	<u>884</u>	
			1,096

**Murray Street Clinic**

Walking Cases	Male	136	
	Female	<u>671</u>	
			807

**Kersal Centre**

Sitting Car Cases	Male	25	
	Female	<u>143</u>	
			168
Walking Cases	Male	138	
	Female	<u>541</u>	
			<u>679</u>
			847

**Trinity Centre**

Walking Cases	Male	15	
	Female	<u>70</u>	
			85
			<u>5,531</u>

**Total Number of Patients on Clinic Register at December 31st, 1968**

Number of Walking Cases	1,334	
Number of Sitting Car Cases	<u>263</u>	
		1,597

**Total Number of Patients on Domiciliary Register at December 31st, 1968** 541

**TOTAL** 2,138



**Total Number of New Patients Referred to Clinics during 1968**

Number of Walking Cases	144	
Number of Sitting Car Cases	<u>11</u>	155

**Total Number of Clinic Sessions held in 1968**

Sessions at Langworthy Road	Day	403	403
Sessions at Regent Road	Day	149	
	Evening	<u>15</u>	164
Sessions at Murray Street	Day	127	127
Sessions at Kersal Centre	Day	113	
	Evening	<u>17</u>	130
Sessions at Trinity Centre	Day	14	14
			<u>838</u>

**Total Number of Patients Invited to Clinics during 1968**

Attended (82.48%)	5,386
Defaulted (17.5%)	<u>1,144</u>
	<u>6,530</u>

	<u>Invited</u>	<u>Attended</u>	<u>Defaulted</u>
Langworthy Road	3,175	2,619	556
Regent Road	1,298	1,065	233
Murray Street	1,006	795	211
Kersal Centre	940	822	118
Trinity Centre	<u>111</u>	<u>85</u>	<u>26</u>
	<u>6,530</u>	<u>5,386</u>	<u>1,144</u>

Attended 5,386

**Additional Cases Attending**

Dressing	58	
Emergency	<u>87</u>	145
		<u>145</u>
		TOTAL <u>5,531</u>

**Average Number of Treatments per Session**

5,531 Treated

838 Sessions = 6.6 per Session

## Number of Handicapped Persons treated at Clinics

Male	37
Female	76
	<hr/>

113

## Attendances at Individual Clinic Sessions

## Langworthy Road

		<u>Invited</u>	<u>Attended</u>		<u>Extras</u>	
Monday	p.m.	685	564	+	13	577
Tuesday	p.m.	754	595	+	16	611
Wednesday	p.m.	255	213	+	13	226
Thursday	p.m.	721	614	+	13	627
Friday	p.m.	752	633	+	22	655
		<hr/>	<hr/>		<hr/>	<hr/>
		3,167	2,619	+	77	2,696

## Regent Road

Monday	Evg.	93	80	+	8	88
Tuesday	a.m.	475	387	+	11	398
Thursday	a.m.	730	598	+	12	610
		<hr/>	<hr/>		<hr/>	<hr/>
		1,298	1,065	+	31	1,096

## Murray Street

Monday	a.m.	762	631	+	8	639
Tuesday	a.m.	132	90	+	4	94
Wednesday	a.m.	112	74		—	74
		<hr/>	<hr/>		<hr/>	<hr/>
		1,006	795	+	12	807

## Kersal Centre

Wednesday	a.m.	373	333	+	12	345
Wednesday	Evg.	99	85	+	2	87
Friday	a.m.	468	404	+	11	415
		<hr/>	<hr/>		<hr/>	<hr/>
		940	822	+	25	847

## Trinity Centre

Wednesday	p.m.	111	85		—	85
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TOTAL 5,531

## HOME HELP SERVICE

The Home Help Organiser left the service in November to take up a post in another part of the country. The service was placed under the direction of a Chief Nursing Officer appointed early in 1969.

As this report was not prepared by the person who was responsible for the service during the year, comment has been restricted to the indication of general trend revealed by the available statistics.

The figures in Table I show that the trend has been towards a reduction in the overall hours worked by home helps; whilst the number of persons requiring help increased, coverage was achieved by reducing the hours per case.

TABLE I

	1960	1961	1962	1963	1964	1965	1966	1967	1968
Average number of Home Helps employed each week	277	250*	241*	266	264	277	274	272	261
Average weekly hours worked	5,258	NA	NA	NA	5,039	5,052	4,845	4,868	4,616
Total cases helped throughout year	1,531	1,641	1,795	1,929	2,002	2,139	2,165	2,259	2,236
Average cases per Home Help	5.52	6.56	7.44	7.21	7.58	7.72	7.9	8.3	8.56
Average hours per case	3.43	NA	NA	NA	2.51	2.36	2.23	2.15	2.06

\* Total employed at end of year — averages not available

NA — Not available

Table II has been included to show the increased number of elderly in the same period and the rise of 44.5% in the number of chronic sick receiving help. These are very significant figures in relation to future staffing, as these groups requiring long term support will increase still further. These are also the groups likely to suffer most when pressure upon the service is greatest, viz. during the worst winter months and when a number of home helps are absent due to annual leave or sickness. In March of this year, as many as 26 home helps were off duty at one time.



Unfortunately these difficulties resulted in the temporary withdrawal of assistance from some cases. To assess those who will feel the withdrawal least is not an easy task and inevitably hardship results for some persons.

TABLE II  
TYPES OF CASES HELPED

Year	Over 65 years at 1st visit	UNDER 65 YEARS				TOTAL
		Chronic Sick or T.B.	Mentally Disordered	Maternity	Others	
1960	Not available — recorded differently					
1961						
1962						
1963	1,614	182	15	65	53	1,929
1964	1,655	200	7	65	75	2,002
1965	1,761	224	8	75	71	2,139
1966	1,818	229	6	59	53	2,165
1967	1,907	240	3	47	62	2,259
1968	1,874	263	15	45	39	2,236

The new referrals during the period being assessed, showed a slight decrease overall but this decline in new cases should not be isolated from Table I showing the total number of cases receiving help each year.

TABLE III  
NEW REQUESTS FOR HELP EACH YEAR

Year	Requests	No. of cases in which help given	
1960	Not available — recorded differently		
1961			
1962			
1963	841	624	74.19%
1964	856	606	70.79%
1965	858	630	73.42%
1966	870	601	69.08%
1967	861	563	65.38%
1968	803	552	68.65%

## MENTAL HEALTH SERVICE

QUESTION AND ANSWER: HOUSE OF COMMONS, MAY, 1969

*Mr. Laurie Pavitt: While my right hon. Friend is examining the whole question of mental health and geriatrics, will he expedite the co-ordination of local N.H.S. and general practitioner services, since only by combining the operations of these three wings of the N.H.S. will we solve this problem?*

*Mr. Crossman: I agree with my hon. Friend in theory, but the more I go round the country the more depressed I become at the failure of the services of the N.H.S. on the one side and the local community services on the other to work together. Many of these services are being paid for in different ways, without adequate integration. My hon. Friend is, therefore, really speaking of a properly integrated N.H.S.*

### INTRODUCTION

#### Ten Years of Progress

The Medical Officer of Health's Annual Report for 1959 detailed some of the anomalies and deficiencies in the services for psychiatric patients in Salford at that time. It emphasised the lack of co-ordination at all levels between the various agencies providing treatment and care. Patients were transferred from one form of care to another erratically and often circuitously, with little contact between key workers concerned. Since 1959, Salford Mental Health Service Reports have recorded the development within the local authority and the steady progress towards unification with the hospital services. Currently the general hospital psychiatric units, the 'Lowry Unit' in the psychiatric hospital and the local authority community facilities are operated professionally as a joint service.

It is of some interest to look back on how this has been achieved. The need for change was first recognised by senior personnel in the local authority, particularly by Dr. J. L. Burn, Medical Officer of Health, and Dr. M. W. Susser, Senior Assistant Medical Officer for Mental Health, who persuaded the Regional Hospital Board to establish a psychiatric consultant post with beds in both general hospitals and the one psychiatric hospital serving Salford, and a formal attachment to the local authority.

Thus one consultant's clinical interest spanned all the agencies concerned with active treatment and care of mentally ill persons in Salford. Dr. Hugh Freeman, known to be committed to the principle of co-ordinated care, was appointed and later became senior consultant in the group. After several years of determined work in all agencies, something of the original idea has been realised. In many ways the development and maintenance of the co-ordinated service has depended upon the united team of professional social workers, who are involved in all agencies at all levels. Throughout



this period the focus of development has remained in the local authority mental health department. To establish the department as an acceptable social work agency, attractive to professional social workers, has been no mean achievement. It has required amongst other things, a considerable investment of time and personnel, in 'in-service' training of graduate staff, and fieldwork training of social work students from a wide variety of colleges and universities. Moreover, it has been achieved only because the Salford Mental Health Department became widely known and noted as a progressive agency offering to an exceptional degree a wide range of satisfying working situations in a co-ordinated service.

### FAMILY DOCTOR TEAMS

Two previous reports described the experimental attachment of a mental health social worker to a general practice community health team. The indications have been that closer working relationships were in the interests of patients and the arrangements helped to reduce inter-professional misunderstanding and conflict. Understandably their effectiveness has varied according to a variety of factors, not least the members' commitment to a team approach and their ability to understand their colleagues' roles and specific contribution.

### PSYCHIATRIC EMERGENCIES

Some of the problems of staffing a 24-hour psychiatric emergency service have been mentioned in previous reports. The results of a year's study of the demand on the service by "out of hours" calls has recently been published.\* 212 calls were made on behalf of 173 patients. 70% of the patients were already known to the local psychiatric services, and only 23 patients had no known psychiatric history. Men predominated, and the peak age group was 40-49 years. Just over a third of all calls ended in immediate hospitalisation, but over a third of these were admitted informally.

The study showed that mental health social workers in general provided a wide range of professional services in dealing with psychiatric crises at night and at weekends. Statutory requirements demanded a very limited involvement, and social service administration barely recognises this special need in psychiatric work. In spite of the absence of any financial incentive or reward, social workers on the whole responded readily to requests by doctors, other agencies or patients and their families, to help in the assessment, containment and resolution of psycho-social crises. In particular it is significant that a large majority of calls from family doctors were handled by the social workers without the patient being admitted to hospital.

### FAMILY GUIDANCE SERVICE

In describing this service in earlier reports, reasons were discussed for its introduction and the part it could play. During 1968 two

\*Mountney G.H., Fryers T., Freeman H.L. (1969) B.M.J. 1. 498



developments altered the local situation in child psychiatry. A new psychiatric consultant appointment has been established in a local psychiatric hospital with a special attachment to Salford. Together with a registrar, psychiatric social worker and psychologist, this increases the psychiatric facilities available for Salford children.

Miss Janus, the psychiatric social worker, at the Child Guidance Clinic, left us after many years of valuable service, and Miss J. Danson replaced her. The inevitable changes in working methods, and a re-examination of the waiting list has led to the view that the clinics and the new hospital team will be able adequately to meet the present level of demand in the city. At the end of the year, therefore, the mental health department's family guidance service was abandoned.

### RESIDENTIAL CARE OF MENTALLY HANDICAPPED CHILDREN

In the past the Children Department provided a substitute home for retarded children who for one reason or another had no effective families and where hospitalisation was unnecessary. This has now changed and the mental health section has become financially responsible for all such children taken into care. This has led to a degree of ambiguity over which professional staff should be responsible for finding appropriate residential placements, including foster homes, and the supervision of the children placed in them.

The problems involved were recently emphasised by one particular case; a mongol baby totally rejected by her parents and abandoned in the maternity hospital. The parents did not live in Salford but since the hospital is sited in the city, Salford had to accept responsibility. The Children Department had to take the child into care whilst our specialist Mental Health Social Worker took up the work with the parents – visiting well outside the city. This sort of situation inevitably gives rise to unproductive administrative demarcation disputes, for the financial burden is considerable, and must affect other services. But it is obvious too that other interests of the child and her parents are unlikely to be best served with such divided and disputed responsibility.

### COMMUNITY FACILITIES

#### Day Care for Subnormal Persons

As predicted last year, the Margaret Whitehead School for mentally handicapped children did not open during 1968, but at the time of writing the children have recently moved into their delightful new premises. There is little to add to last year's comments, but as the new building neared completion later in the year, it increasingly showed up the squalor of the accommodation for mentally handicapped adults. No one has ever claimed our premises to be satisfactory. With standards rising all round us, they are seen to be less than adequate for their purpose and no longer comply with the traditional high standard of social service in the City of Salford. A new building, fully sited and planned, has again been postponed for financial reasons.

## Psychiatric Day Care

The psychiatric day centre at Cleveland House continues also to tolerate cramped and unsatisfactory conditions, in spite of which a most important and effective service is performed. Without the daily support offered there a large number of middle-aged and elderly people might require far more expensive hospital care, which would also remove them from their families, perhaps for good. The service offered at Cleveland House is effective in maintaining them at home, at very small cost. It could also be extended at relatively little cost if better accommodation were available. The group for young people also continues its valuable experimental work in close conjunction with Hope Hospital psychiatric unit. Again there is no visible prospect of better accommodation.

The industrial centre at Acton Square has continued the rehabilitation to outside work of those who have been unfit owing to psychiatric breakdown.

## Hostels

It is difficult to measure the effectiveness of community institutions but we have continued to observe a marked degree of success in the hostel rehabilitation programme. (Appendix V and VI). The therapeutic regime of Kersal House has helped men and women to re-build their shattered self-confidence and to develop their ability to cope with the responsibilities awaiting them as independent members of society. At Crescent Hostel chronic psychiatrically sick and mentally subnormal adults have been offered similar help with more direct guidance and control as appropriate to their needs.

I would re-emphasise the fundamental importance of selecting staff with suitable personal qualities, and building into the administrative structure adequate channels of communication, formal and informal, between residents, staff and supporting professional workers. During 1968, a mature research student replaced the mental welfare officer who, though termed assistant warden, ably pioneered the role of "elder brother" to the residents. This experiment has continued to be highly successful. His free board and lodgings has been amply repaid by his contribution to staff and residents.

The Warden's wife also acts in a similar capacity as assistant warden, and I am enthusiastic about the great advantages of youth in the hostel staff.

The rehabilitation programmes are dependent for their success upon the integration of supporting services. Social workers and day centre staff are in close contact, and residents not yet ready for work may receive work training at a centre and social training at an evening club. The close relationship with the hospitals offers immediate psychiatric consultation and treatment and encourages the increasing number of hostel admissions direct from the hospital.

## Social Clubs

We reviewed Stepping Stones, Cleveland, Crescent and Hope Hospital



Clubs, in some detail last year. All continue to flourish with no significant change. Social workers, day centre and hostel staff, nurses, occupational therapists and volunteers participate in one or another, and I consider this a most useful element in our service.

#### Salford Society for Mentally Handicapped Children

Once again I record our appreciation of the work of the Society. Its generosity in providing Christmas presents for all Salford mentally handicapped persons in or out of hospital, continues. For many long-stay in-patients especially such a gift may be the only tangible link with the world outside. With the coming of the Margaret Whitehead School the Society's contribution will be even more prominent. As a result of their work, the school has a modern hydro-therapy bath and the large stage will be graced by excellent curtains. The dedication and resourcefulness of the members of the Society will, I know, continue to rise to challenges in the future, to stimulate and supplement the local authority provisions for the mentally handicapped.

#### THE PSYCHIATRIC CASE REGISTER

During 1968 the register was maintained at a minimal level in the hope of financial help from outside the department. I am pleased to be able to report at the time of writing, that the Department of Health and Social Security has now financed the register through the Manchester Regional Hospital Board. It will continue to be housed in the Health Department as a contribution to the joint operation of this important project. Full-time appointments are being made, and it will eventually have access to a London computer and will use the programme developed by the M.R.C. Social Psychiatry Research Unit for the Case register in Camberwell, London.

The new arrangement will allow the register the resources and independence to pursue its long-term purposes, yet leaves it in close contact with all the service agencies and personnel it both uses and serves. I hope its close link with the co-ordinated service will help us in the planning, monitoring and evaluation of new and improved facilities, and help us to gain further understanding of the demands and the experiences of the psychiatric population in Salford.

The census at 1.1.68, with which the register made a new start, showed that nearly 13 per 1,000 of the total population are in the care of the psychiatric or subnormality services at any one time. Over 10 per 1,000 of the adult population are at any given time receiving care for mental illness. These are similar figures to those discovered elsewhere, but they do indicate the size of the problem for psychiatric services in an urban community.

#### PSYCHO-GERIATRIC CARE

The proportion of elderly people in our population continues to increase. The demand for psycho-geriatric services must also be expected to increase steadily, but already insufficient provision is inefficiently used because of problems of co-ordination.



Definitions are not clear and roles remain ambiguous. Hospital geriatric services and local welfare facilities are concerned with elderly people but are understandably reluctant to take on those with serious psychiatric or behaviour problems. Psychiatric hospitals, on the other hand, are constantly informed that they ought to be reducing the size, particularly of their long-stay population, and do not wish to revert to a largely custodial role for patients with little hope of recovery. The shift of emphasis in hospital care towards general hospital units accentuates this problem.

Without major changes in hospitals and local authorities and a larger share of financial resources the situation in psycho-geriatrics seems likely to get worse rather than better. The burden will fall not only on the patients themselves, but largely on their families, their neighbours and their general practitioners.

### DRUGS

Recent reports roused much public debate about the problems of drug abuse. Only a small number of our clients have revealed a drug problem. Sometimes their drug dependence seems to derive from faulty or over-enthusiastic prescribing in the past. But for many young people seeking our help the taking of drugs is only part of an overall personality problem that requires very specialised care.

At the moment our knowledge of the extent of the problem in the area remains sketchy. Certainly we need to know more, and the psychiatric register may be of great assistance here. But we equally certainly will need a degree of co-operation between hospitals, local authorities and voluntary agencies in the Manchester area, far and above that at present experienced.

# APPENDIX I

All Notifications of Male Patients Referred for Mental Illness to Salford Mental Health Service in 1968  
by Source of Referral and Disposal\*

Disposal	Source of Referral						
	G.P.	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Others
Compulsory Admission	11	1	3	2	7	3	3
Voluntary Admission/Day Patients	21	2	5	5	6	14	4
Psychiatric Outpatients/ Domiciliary Visits	19	2	—	—	1	7	1
Home Support and G.P.	29	12	2	16	4	24	3
Other	10	5	—	5	1	6	—
TOTAL	90	22	10	28	19	54	11
							234

## APPENDIX II

### All Notifications of Female Patients Referred for Mental Illness to Salford Mental Health Service in 1968 by Source of Referral and Disposal\*

Disposal	Source of Referral							Total
	G.P.	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Others	
Compulsory Admission	22	2	6	4	—	6	—	40
Voluntary Admission/Day Patients	48	3	1	2	2	25	1	82
Psychiatric Outpatients/ Domiciliary Visits	29	6	2	—	1	5	1	44
Home Support and G.P.	104	19	1	33	1	26	2	186
Other	9	2	2	5	1	6	—	25
TOTAL	212	32	12	44	5	68	4	377



APPENDIX III  
Disposal of all Patients Referred to Mental Health Service 1964 — 1968\*

Disposal	1964	1965	1966	1967	1968
Compulsory Admissions	98 } 40%	70 } 42%	62 } 34%	58 } 37%	60 } 32%
Voluntary Admissions	116 }	128 }	126 }	99 }	112 }
Outpatients and Domiciliary Visits	61 }	72 }	67 }	79 }	65 }
Home and G.P.	218 } 60%	174 } 58%	246 } 66%	174 } 63%	256 } 68%
Other	39 }	30 }	47 }	16 }	49 }
TOTAL	532	474	548	426	542

APPENDIX IV  
New and Subsequent Referral for Mental Illness to Salford Mental Health Service in 1968\*

Mental Illness	1963	1964	1965	1966	1967	1968
Number of new patients referred	298	301	246	278	203	312
Number of known patients referred	210	231	228	270	223	230
Total Patients Referred	508	532	474	548	426	542
Second and subsequent referrals during calendar year	85	125	98	136	65	69
TOTAL REFERRALS	593	657	572	684	491	611

\* The figures in this and previous tables do not take in to account 21 referrals from Psychiatric Outpatients for Social Histories only; 14 cases from other authorities; 67 children under 16 years of age; and 8 referrals requiring no further action after initial investigation.

## Admissions to Kersal House and Crescent Hostel during 1968

Admissions	Kersal House			Crescent Hostel			Total both Hostels
	Female	Male	Total	Female	Male	Total	
One admission only	8	13	21	8	6	14	35
More than one admission	2	—	2	2	2	4	6
Total residents admitted	10	13	23	10	8	18	41
REASON FOR ADMISSION							
No Home	—	1	1	1	3	4	5
Lack of economic resources	—	—	—	—	—	—	—
Half-way House from Hospital	8	7	15	3	2	5	20
Need for protected environment	—	2	2	3	1	4	6
Short-term care	1	2	3	—	2	2	5
Domestic tension	3	1	4	4	1	5	9
Leave from Hospital	—	—	—	—	—	—	—
En Route to Hospital	—	—	—	—	—	—	—
Transfer between Hostels	—	—	—	2	1	3	3
Total number of Admissions	12	13	25	13	10	23	48
DIAGNOSIS							
Psychosis	10	6	16	5	1	6	22
High-grade Subnormality	—	2	2	2	2	4	6
Medium-grade Subnormality	—	2	2	1	4	5	7
Neurosis	—	1	1	—	—	—	1
Psychopathy	—	2	2	1	1	2	4
Not Determined	—	—	—	1	—	1	1
Age Groups							
15 — 24	1	4	5	—	3	3	8
25 — 34	—	2	2	4	1	5	7
35 — 44	3	3	6	1	2	3	9
45 — 54	2	3	5	3	2	5	10
55 — 64	4	—	4	2	—	2	6
65 +	—	1	1	—	—	—	1
Number obtained job after admission	6	6	12	3	2	5	17



APPENDIX VI  
Discharges from the Kersal House and Crescent Hostels during 1968

Discharges	Kersal House			Crescent Hostel			Total both Hostels
	Female	Male	Total	Female	Male	Total	
One discharge only	11	12	23	10	9	19	42
More than one discharge	—	1	1	2	2	4	5
	11	13	24	12	11	23	47
Duration of Stay							
Less than 1 month	3	3	6	8	5	13	19
1 month and under 3	2	5	7	2	2	4	11
3 months and under 6	1	5	6	2	1	3	9
6 months and under 9	1	1	2	1	2	3	5
9 months and under 12	1	—	1	—	3	3	4
12 months and under 2 years	2	—	2	2	—	2	4
2 years and over	1	—	1	1	—	1	2
Total number of Discharges	11	14	25	16	13	29	54
Outcome — Satisfactory							
Placements	4	10	14	11	6	17	31
Return home after short-term care	2	2	4	2	2	4	8
En Route to Hospital	2	—	2	—	—	—	2
Transferred to other Hostel	2	1	3	—	—	—	3
Unsatisfactory							
Deterioration and admission to Hospital	1	—	1	3	3	6	7
Delinquency and Court action	—	1	1	—	—	—	1
Left without consultation	—	—	—	—	2	2	2
Expelled	—	—	—	—	—	—	—

APPENDIX VII  
Salford Residents receiving Treatment or Care at 1.1.68

	Male	Female	Total
Psychiatric Services for Adults	448	659	1,107
Psychiatric Services for Children	66	17	83
Subnormality Services — Adults	253	236	489
Subnormality Services — Children	62	57	119
	829	969	1,798

Total Prevalence, Rates per 100,000 gen. pop.

APPENDIX VIII  
Salford Adult Psychiatric Services  
People receiving Care at 1.1.68 by Sex and Service Distribution

	Males	Females	Total
In-Patients — Psychiatric Hospitals	213	248	461
General Hospitals	3	11	14
TOTAL — In-Patients	216	259	475
Residents in Hostels	9	8	17
Day Patients — Hospitals	9	11	20
Local Authority Centres	26	50	76
TOTAL — Day Patients	35 (3)	61 (7)	96 (10)
Out-Patients	123 (2)	242 (7)	365 (9)
Social Work Care	93 (23)	158 (55)	251 (78)
UNDUPLICATED TOTAL	448	659	1,107

The figures in brackets represent the numbers of patients duplicated in more than one form of care.



APPENDIX IX  
Salford Persons receiving Care from the Services for the Subnormal at 1.1.68

	Age 0 - 14 Years			Age 15+ Years			All Ages		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Severely Subnormal In Hospital	8	9	17	89	78	167	97	87	184
In the Community	42	38	80	69	55	124	111	93	204
TOTAL SEVERELY SUBNORMAL	50	47	97	158	133	291	208	180	388
Age and Sex specific prevalence rate Severely Subnormal per 100,000	286	286	286	318	238	275	309	249	278
Mildly Subnormal In Hospital	—	—	—	28	41	69	28	41	67
In the Community	12	10	2	67	62	129	79	72	151
TOTAL MILDLY SUBNORMAL	12	10	2	95	103	198	107	113	220
Age and Sex specific prevalence rate Mildly Subnormal per 100,000	69	61	65	191	184	187	159	156	155
TOTAL SUBNORMAL	62	57	119	253	236	489	315	293	608
Age and Sex specific prevalence rate All Subnormal Persons per 100,000	354	347	351	509	422	463	468	405	436

Prevalence Rates 1.1.1961 Severely Subnormal per 100,000 224  
Mildly Subnormal per 100,000 206  
All Subnormal per 100,000 438

APPENDIX X  
New Cases and Cases removed from the Register, 1968

	Age Groups							Total
	0 - 4 Years		5 - 14 Years		15 + Years			
	M	F	M	F	M	F		
New Cases	8	7	6	4	3	5	33	
Deaths in Subnormal Hospital	—	1	—	—	3	3	7	
Deaths in Community	2	—	—	—	1	1	4	
Removed from Area	1	2	1	1	4	4	13	
Discharged from Register	—	—	1	—	7	6	14	
Lost	—	—	—	—	4	—	4	
							42	

APPENDIX XI  
Subnormality Hospital Admissions and Discharges during 1968

	Age Groups				
	0 - 14 Years		15 + Years		Total
	M	F	M	F	
Long-Term Admissions	2	6	4	4	16
New Cases already in hospital	1	—	2	1	4
Discharges	—	—	8	1	9
Deaths in hospital	—	1	3	3	7
Short-Term Admissions (unless transferred to Long-Term)	8	6	—	1	15
Patients	13	9	—	1	23
Admissions					



APPENDIX XII  
Mental Health Department – Staff

	Establishment	In post on 31.12.68.
MEDICAL		
Senior Assistant Medical Officer	1	1
CONSULTANTS		
Psychiatrist (One session per week)	1	1
Paediatrician (One session per week)	1	1
EDUCATIONAL		
Psychologist (sessional work as required)		
*SOCIAL WORKERS		
Chief Mental Welfare Officer	1	1
Deputy Chief Mental Welfare Officer	1	1
Mental Health Social Workers	7	7
(One established post is divided between the two hospital joint appointments)		
Trainee Mental Welfare Officers	2	2
ADMINISTRATION		
Administrative Assistant	1	1
Clerks	1	1
Typists	2	2
TRAINING CENTRES		
{ Training Centre Organiser	1	1
† { Supervisors	4	2
{ Senior Assistant Supervisors	2	2
{ Assistant Supervisors	19	15
Day Centre Assistant	3	3
RESIDENTIAL HOSTELS		
Wardens	2	2
Assistant Wardens	4	2

\* 5 Qualified as P.S.W's.

1 Certificate in Social Work.

4 Degree in Social Administration, etc.

† 4 Staff members possess the Diploma for Teachers of the Mentally Handicapped.

## IMMUNISATION

2,129 children aged 0 – 15 years completed a full course of immunisation during the year. Below are the statistics relating to the year's work.

	0 – 5 Years	5 – 15 Years	0 – 15 Years
Number immunised during the year ended 31st December, 1968	2,053	76	2,129
Total completed immunisation at 31st December, 1968	9,275	20,098	29,373
Population Figure 1968	13,200	21,700	34,900
Percentage immunised at 31st December, 1968	70.2%	92.6%	84.1%

The children were immunised as follows :—

At Child Welfare Centres	1,286
By Public Health Nursing Staff in the homes of the children	557
By Nursing Staff at Schools	76
By General Practitioners	203
At Hope Hospital:	6
At Day Nurseries	1
	<hr/>
	2,129

Of the 2,129 children completing immunisation, 2,019 received diphtheria pertussis and tetanus (triple antigen) and 110 received diphtheria and tetanus injections.

861 booster doses of diphtheria and tetanus were given to school children during 1968, and 1,254 children aged 0 – 5 years were given a booster dose of triple antigen twelve months after the completion of primary immunisation.

### WHOOPING COUGH IMMUNISATION

2,019 children received whooping cough immunisation during the year. All these children were given triple antigen injection.

### POLIOMYELITIS VACCINATION

The following figures show the number of children who completed a course of oral poliomyelitis vaccination during the year.

	3rd dose	4th dose
Children 0 – 5 years (1964 – 1968)	2,083	1,228
Children 5 – 15 years (1954 – 1963)	89	875
Young People Age Group (1933 – 1953)	6	2
Older people up to 40 years of age	–	–

The figures below show the total number of polio vaccinations given at 31st December, 1968 :—

	Completed Salk & Oral Vaccine	Booster Salk & Oral Vaccine
0 – 5 years (1964 – 1968)	9,938	3,965
5 – 15 years (1954 – 1963)	20,327	24,596
0 – 15 years (1954 – 1968)	30,265	28,561
Young Persons (1933 – 1953)	35,626	12,695
Older People to 40 years of age	8,579	–

#### B.C.G. VACCINATION

The Figures following show the number of Mantoux tests and B.C.G. Vaccinations given to 12 and 13 year old children and older children who had missed previous vaccination sessions.

	Consents	Positive	Negative	D.N.A.	B.C.G. Vaccination
Boys	1,457	84	1,117	256	1,117
Girls	1,579	90	1,207	282	1,207
Totals	3,036	174	2,324	538	2,324

#### SMALLPOX VACCINATION

Below are statistics relating to smallpox vaccination given to children during the year :—

	Age at Date of Vaccination in the year				
	Under 1 Year	1 Year	2 – 4 Years	5 – 14 Years	15 Years and over
Primary Vaccination	52	702	206	41	56
Re-Vaccination	–	–	14	35	340

A new schedule of immunisation commenced during October, 1968. Previously 3 injections of triple antigen, given simultaneously with oral



polio vaccine, was given at monthly intervals, with a booster dose twelve months later, followed by a booster of diphtheria and tetanus at school entry.

Children are now given the first injection of triple antigen and polio at the age of 3 months, a second injection is given after a 6 weekly interval, and a third injection 6 months later. A further diphtheria and tetanus injection with oral polio is offered at school entry.

### MEASLES VACCINATION

During May, 1968 measles vaccination was offered to all junior school children extending as the year went on to all children between the ages of 1 year and up to 15 years of age : one injection only completes the vaccination. All the school children are provided with consent forms and explanatory letters, and these children are given the vaccinations at school.

The mothers of children aged 1 year will be asked to bring their children to their nearest child welfare centres for measles vaccination; a month after this vaccination a further invitation will be sent offering smallpox vaccination.

Below are the statistics relating to measles vaccination given to children during this year :—

0 — 5 years (1964 — 1968)	1,323 Vaccinations
5 — 15 years (1954 — 1963)	897 Vaccinations

# INFECTIOUS DISEASES

The following table shows the number of infectious diseases notified during the year:—

Disease	All ages	Under 1 year	1-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65 years & over
Scarlet Fever	35	—	15	12	8	—	—	—
Whooping Cough	25	2	14	9	—	—	—	—
Measles	552	39	350	126	37	—	—	—
Dysentery	40	4	15	11	7	3	—	—
Erysipelas	1	—	—	—	—	—	1	—
Food Poisoning	22	—	7	6	5	3	1	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—
Tuberculosis (Respiratory)	45	—	1	1	4	14	22	3
Tuberculosis (Others)	4	—	—	—	—	—	3	1
Infective Jaundice	102	—	12	42	28	15	4	1
TOTALS	830	49	414	207	89	35	31	5

Acute primary pneumonia, acute influenzal pneumonia, acute rheumatism and puerperal pyrexia shown in previous Annual Reports are no longer notifiable under the current regulations.

## AMBULANCE SERVICE

The following tables give a detailed account of patients carried and mileage run during 1968 as compared with the previous years :—

COMPARISON OF TOTAL PATIENTS CARRIED AND MILEAGE RUN  
OVER THE PERIOD 1963 TO 1968

	1963	1964	1965	1966	1967	1968
Patients Carried	89,677	102,760	101,746	106,634	112,693	114,291
Mileage Run	250,452	257,950	256,633	266,254	274,296	278,369
Increase or Decrease in Patients	+ 4,060	+13,083	- 1,014	+ 4,888	+ 6,059	+ 1,598
Increase or Decrease in Mileage	+ 4,831	+ 7,498	- 1,317	+ 9,621	+ 8,042	+ 4,073

During the year the ambulances carried 108,134 patients and travelled 244,508 miles, and the sitting case cars carried 6,157 patients and travelled 33,861 miles.

At the end of this year there were in operation 12 ambulances, 4 sitting case ambulances and 1 sitting case car. In addition there is a 20 seater coach donated by the Variety Club of Great Britain.

During the year, orders were placed for the replacement of 2 ambulances (ORJ 586 and 587) and for 2 sitting case vehicles (XBA 239 and 240) and delivery is expected early in 1969.

The establishment consists of an Ambulance Officer, a Deputy Ambulance Officer, a Station Officer, three Shift Leaders, 42 Driver/Attendants, a Radio Telephone Operator and a General Duties Man. At the end of 1968 we had vacancies for 2 Driver/Attendants and a General Duties Man.

Early in June, Mr. T. Blackburn retired after 39 years service with the Corporation and Mr. H. Down, F.I.A.O. was appointed in his place and took up his duties on 24th June, having previously served as Ambulance Officer in Rochdale for nine years, and also with Denbighshire County and Nottingham City Ambulance Service from 1951 to 1959.

During the year the Mayor and Mayoress of Salford initiated the provision of a Mobile Intensive Heart Care Unit. A working party was formed and it is a pleasure to report that considerable progress has been made.



Class of Patient	1967		1968	
	Patients	Miles	Patients	Miles
House Conveyance	71,054	172,090	72,647	176,912
Inter Hospital	3,181	16,723	3,316	17,127
Maternity	1,816	11,531	1,784	11,595
Mental Health Hospitals	10,145	15,326	12,232	15,266
Rechargeable to other Authorities	305	2,943	246	2,809
Emergency	5,448	22,275	5,615	23,982
Infectious	4	24	4	28
Miscellaneous	—	3,664	—	3,918
TOTAL	91,953	244,576	95,844	251,637
Class of Vehicle				
Ambulances	83,549	206,469	89,715	223,527
Cars	8,404	38,107	6,129	28,110
TOTAL	91,953	244,576	95,844	251,637

## Other than Section 27 Patients — for Recharge

Class of Patient	1967		1968	
	Patients	Miles	Patients	Miles
Midwives	1,117 visits	7,041	941 visits	6,390
Gas/Air	321 visits	1,179	230 visits	919
Premcots	89 visits	403	56 visits	242
Mental Health Centres	13,684	13,645	13,144	13,055
Handicapped Persons	1,961	1,347	—	—
Spastics	5,095	6,105	5,303	6,126
TOTAL	20,740	29,720	18,447	26,732

## HEALTH EDUCATION

Once again Health Education took steps in preventing illness and promoting good health in Salford during 1968. This as usual was high-lighted by the Annual Health Check-up run by the Health Department, and the X-Ray Campaign, conducted by the Manchester Regional Hospital Board's Mobile Unit.

### HEALTH CHECK-UP

The Health Check-Up was held during the four weeks 29th July to 30th August, 1968. It followed a similar pattern to that of 1967, but the introduction of an appointments system avoided long queues for the tests. This also spread the work load on the staff more evenly than in previous years.

The tests were for persons living and/or working in the City. All were offered measurement of height and weight; estimation of haemoglobin; urine tests for protein, glucose, ketones and occult blood; and near and distant vision tests. The measurement of blood pressure was restricted to males resident in Salford. The cervical smear test for cancer of the cervix was offered to females living in the City; examination of the breasts was also offered to these women.

#### Attendance

The number of persons who attended the 43 sessions was slightly higher than last year: 3,696 compared with 3,605 in 1967. An average of 83 persons were seen per session. Adults of all ages attended and included 1,946 males (53%) and 1,750 females (47%). 42% stated that they had previously attended a health check-up.

### CHEST RADIOGRAPHY

During the period of the health check-up the Mass Radiography Unit was located in the Health Department. 6,497 persons attended for chest x-ray. This is 2,801 more than attended the health check-up because x-ray was not restricted to persons living and/or working in Salford.

### ANTI SMOKING CLINIC

The anti-smoking clinic has continued weekly throughout the year, and the results are summarised below, in comparison with the 1967 results :—

	<u>1967</u>	<u>1968</u>
Total Attendances	368	294
Total New Attendances	182	137
Attended only once	96	88
Attended only twice	38	24

	<u>1967</u>	<u>1968</u>
Stopped smoking completely	28	11
Reduced smoking	42	33
Smoking same amount	8	2
Smoking more	2	—
Changed from cigarettes to cigar or pipe	1	1
Number of cigarettes reduced per day	1,184	772
	(+ 4oz tobacco)	(+ 1oz tobacco)
Number of cigarettes still being smoked/day	2,876	2,603
		(+ 4oz tobacco)
In one day, length of cigarettes (end to end) reduced	98 yds 2 ins	64 yds 1 ft
In one day, money saved on cigarettes reduced	£69. 0. 0.	£48. 5. 0.

### HOME SAFETY

During the year the Home Safety Committee has gradually increased in number and the introduction of the Salford Home Safety Quarterly Bulletin, distributed to organisations and societies in and around Salford, has been highly successful.



## SALFORD HOUSE

Salford House provides separate cubicle accommodation for 285 men. The charges during 1968 were 49/0d. per week, or 7/6d. per night, until 5th July, but were then raised to the present level of 52/6d. per week, or 8/0d. per night.

The average number of residents per night, was 256, a decrease on the previous year. This was partly due to the fact, that for the first two months of the year, the whole of the accommodation was not available, because the re-decoration of the sleeping quarters had not been completed.

The number of Old Age Pensioners continues to decrease, and there is now a larger proportion of casuals and short term residents.

Of the total, approximately 45% were Old Age Pensioners, or disabled men, 25% were workers in regular employment, 15% were casual workers, 5% were unemployable, and 10% stayed for only a few nights. Most of this last 10% were 'drifters', existing on Social Security payments, who rarely stay anywhere for very long.

The various welfare services continued to help the older residents in a variety of ways, including foot care by a visiting chiropodist, and help and advice from the Geriatric Clinic, operating nearby at the Trinity Centre.

Several visits were made during the year by parties of Student Nurses, Social Workers, and Student Health Inspectors, who all showed great interest in life in a lodging house.

A half day visit was made by the Mobile X-Ray Unit, when 98 of the residents were examined, only 4 of whom required any further treatment.

The shop, which catered for the needs of the residents, closed in mid-September, owing to the death of the shopkeeper, and has not, as yet, been re-let to a new tenant. However, a vending machine was installed in the residents kitchen, supplying tea, coffee and soup, and is proving most useful.

The Christmas Party for Old Age Pensioners was held on Wednesday, 18th December. An excellent four-course lunch, catered for by Smallmans Ltd., was enjoyed by 90 Old Age Pensioners and disabled persons. The occasion was enhanced by the visit of the Mayor accompanied by the Medical Officer of Health.

On the same evening, a Buffet Supper was provided in the Social Club free to all residents. A large supply of various sandwiches, meat pies, cheese, salads, mince pies, coffee, etc. was prepared and served by the ladies on the kitchen staff.

40 Food Parcels were kindly provided by the Wood Street Mission, and some shirts and shoes were given by Booths Charities.

The cost of the Christmas festivities, was covered by Social Club funds. The club is now in a very sound financial condition, and continues to play a useful role in the social life of Salford House.

